ICD-10: Coding, Documentation, and Clinical Diagnostic Criteria Training[©]

Fairfax County and Health Planning Region II Community Service Boards

May 4-8, 2015

9:00 a.m. to 3:30 - 4:00 p.m.

Laying the Groundwork: Understanding the Transition, the Coding Rules, and Requirements

- Understanding the ICD-10
- Contextual Understanding of the ICD-DSM Relationship
- Clinical Coding and Documentation Guidelines

Lunch Break (1 hour)

Indexes and Clinical Diagnostic Criteria for ICD-10

- Alphabetical and Tabular Indexes
 - o Mental Health Codes
 - Substance Use Codes
 - o Physical Health Codes
- Clinical Diagnostic Guidelines of ICD, Blue Book (1992)
 - o Supplement with DSM-5
- Top Diagnoses: What Must Change
- Overview of Desk Reference Materials

ICD-10 CODING, DOCUMENTATION, AND CLINICAL DIAGNOSTIC CRITERIA TRAINING©

Prepared exclusively for: Fairfax County and Health Planning Region II Community Service Boards

By:

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High Altitude Level Of 32,000 ft

- This is not just an electronic health record system upgrade or change
- How and WHAT we diagnose must change
- How we document in the medical record must change accordingly
- Understanding the ICD and DSM relationship is critical

There's More Going On Behind The Scenes...

- Today: Focusing on clinical aspects of the ICD-10 (and DSM-5) transition
- What you do will affect the entire organization
- Everyone will be touched by the transition
- Every computer system, diagnostic touch point, revenue cycle process, claims, prior authorizations, audits, and eventually your paycheck is affected
- Therefore, we need you to:
 - Pay attention
 - Overwhelming: Breathe: Radical Acceptance: Come to Love The New System
 - Practice with Dual Coding, dual manuals, dual levels of processing

ICD-10 Clinical Training Outline

- Intro to ICD-10 for All Staff
- Contextual Understanding (ICD-DSM relationship)
- 3. Intro to Clinical Coding and Documentation Standards
- Tabular/Alphabetic Index
 - Mental Health Codes
 - Substance Use Codes en masse
 - c. Physical Health Codes
- 5. Clinical Diagnostic Guidelines of ICD, Blue Book (1992)
 - a. Can supplement w/ DSM-5
- 6. Top Diagnoses: What Must Change
- Overview of Desk Reference Materials (if available)

Go-Live Date For ICD-10-CM

October 1, 2015

DSM-5 is secondary, really

Where We Need To Be ON October 1, 2015

Confident in our EHR systems

Confident in our Revenue Cycles

Confident that our Clinical Staff Ready Policies and Procedures Approved

What Is This ICD System?

- International Classification of Diseases (ICD)
- Classification system of diseases: 1893
- World Health Organization (WHO)
- International standard for defining and reporting diseases and health conditions

"The ICD is the standard diagnostic tool for epidemiology, health management and clinical purposes. This includes the analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems."

ICD Use Internationally

ICD-10: 1990; the US is the last to adopt

ICD-10 AU/DE/CA: Other countries

ICD-10 CM is the name used in the US

Two modifications per year in the US: Centers for Disease Control (CDC) and Prevention's National Center for Health Statistics (NCHS) are "the authorities" in the US

Standardization In Health Care

- Disconnect between provision of behavioral healthcare services and medical services MUST be addressed
- Integrative medicine and health care: treating the whole person
- Allows us to providing better continuity of care
- DSM attempts to align more with the ICD as time goes on

However:

 Massive change from the ICD-9 to ICD-10 similar to DSM-IV-TR to DSM-5

Our Culture And Education

- Try as we might, our industry is sorely lacking on several fronts:
 - Coordinating Care with other providers
 - Consistent use and documentation of EPB
 - Mediocre acceptance of demonstrating Outcomes
 - Entrenched beliefs, customs, habits
 - Coding and Documentation Standards
- Where Does This Begin?
 - Graduate Schools, Professional Organizations, You
- ASPPB Licensure Statement (website):

"Controversy about the DSM-5 has been considerable, and there have been suggestions posted on websites to abandon the DSM and use the ICD system. If this occurs, and universities teach the ICD system, then the EPPP content will reflect that. This is not an ASPPB decision; the data dictate what content is covered on the EPPP."

Why We Need The ICD-10

- Huge explosion in the healthcare industry with new medical conditions, knowledge, treatments, and devices since 1975 (ICD-9)
- Research, monitoring performance, understanding disease, public health tracking and more
- The ICD-9/10 is the <u>only</u> diagnostic code set that is **HIPAA compliant**

Positive Features Of The ICD-10

- Naming and Coding System that is more accurate and specific
- Better descriptions of conditions: Continuity
- Understand the encounter better: Initial, subsequent or sequelae (late effects)
- Will allow for genetic conditions and other applicable conditions to our work (nutrition deficiencies, chronic disease, blood alcohol diagnoses—helps with integrated care models)
- Enables us to document more accurately

"What About The DSM?"

Many people are not aware they were "using" ICD-9 codes for claims ICD is foreign to most BH/SU clinicians DSM IV-TR to DSM-5 is a wake-up call DSM-5 attempts to align with ICD-10, but it is not aligned We Will Need BOTH manuals

CMS On DSM-5 And ICD-10

- "In current practice by the mental health field, many clinicians use the DSM-IV in diagnosing mental disorders. As of May 19, 2013, the DSM-5 was released. Can these clinicians continue current practice and use the DSM-IV and DSM-5 diagnostic criteria?"
- Yes. The Introductory material to the DSM-IV and DSM-5 code set indicates that the DSM-IV and DSM-5 are "compatible" with the ICD-9-CM diagnosis codes. The updated DSM-5 codes are cross walked to both ICD-9-CM and ICD-10-CM. As of October 1, 2014, the ICD-10-CM code set is the HIPAA adopted standard and required for reporting diagnosis for dates of service on and after October 1, 2014.
- Neither the DSM-IV nor DSM-5 is a HIPAA adopted code set and may not be used in HIPAA standard transactions. It is expected that clinicians may continue to base their diagnostic decisions on the DSM-IV/DSM-5 criteria, and, if so, to crosswalk those decisions to the appropriate ICD-9-CM and, as of October 1, 2014, ICD-10 CM codes. In addition, it is still perfectly permissible for providers and others to use the DSM-IV and DSM-5 codes, descriptors and diagnostic criteria for other purposes, including medical records, quality assessment, medical review, consultation and patient communications.
- Dates when the DSM-IV may no longer be used by mental health providers will be determined by the maintainer of the DSM-IV/DSM-5 code set, the American Psychiatric Association, http://www.dsm5.org

Dueling Diagnostic Manuals

DSM's VERSUS ICD's:

"Political controversy aside, our industry still relies on the DSM for now and we will have to become versed in the new DSM-5....The reality is that our industry still needs the DSM for now to help us with common language, concepts, continuity, and understanding of our consumers. Our industry has not embraced the ICD yet and the DSM is still the dominant diagnostic manual taught in our graduate schools." (LW)

DSM-5 vs. ICD-10 Clinical Descriptions And Diagnostic Guidelines

- DSM-5:
 - Contains the clinical descriptions in the book
 - Is very good at describing conditions, symptoms, criteria, timelines, etc.
 - Has some very nice assessment tools in it
- ICD-10: Emphasis on diagnosing, pathologizing
 - ICD-10 Tabular Index is the precise way of coding diagnoses
 - But the Tabular Index does not contain clinical descriptions
 - Clinical Descriptions and Diagnostic Guidelines are contained in the "Blue Book"

Understanding The ICD-DSM Relationship

ICD-9/DSM

ICD-10/DSM-5

Code values aligned

Code values different

Diagnosis names aligned

Radical differences between manuals

Example: 296.32 = 29632

Utilization of both may be mandated

ICD-DSM Clinical Training

For most, 1st intro to ICD codes

Culture shift: Removing NOS

Coding Rules
Other,
Unspecified, Code
First

Policies and Procedures

So, Can We Truly Dump The DSM?

- It depends......
 - On culture of organization
 - On payers and their requirements
 - Cannot get away from DSM-in-America culture as evidenced by:
 - Clinical documentation
 - Medical Policies
 - No ICD taught in our schools
 - But we can use the ICD-10 in a manner that keeps us moving in the direction of true integrated care delivery systems
 - Use the DSM-5 to enhance documentation due to higher standard and more detail, if applicable

Diagnosis Confusion: Asperger's Example

DSM-5: Asperger's is no longer a coded disorder, having been merged into the new Autistic Spectrum Disorder

ICD-10 includes a code for Asperger's Syndrome, F84.5 ICD-11: MAY replace Asperger's, but MAY NOT—no final decision has been made

Language Example: Personality Disorder

DSM

ICD-10

Antisocial Personality Disorder

Psychopathy, sociopathy, antisocial personality, asocial personality, and amoral personality

Borderline Personality Disorder Emotionally Unstable Personality Disorder: Borderline Type

Why Is Language Important?

- Impacts clinical documentation
- Problems with Language
 - ◆ADHD/ADD versus Hyperkinetic disorder
 - Hypochondriasis (ICD-10) versus Illness Anxiety DO (DSM-5)
 - Asperger's
 - ◆Abuse and Dependence
 - ◆ Political Correctness/Pathologizes/Consumer Centric Language
 - ◆BPD: Emotionally Unstable Personality
- Consistent documentation: defending audits
- Impacts systems (EHR templates, outcomes measures, metrics)

Not Just Language Differences

- To make matters worse, language differences are only part of the problem
- Other discrepancies between DSM and ICD:
 - Symptoms and diagnostic criteria
 - Duration required to diagnose conditions
 - Categories and Disorders
 - Clinical presentations, conditions (abuse versus dependence)
 - Names of disorders
 - Presence of disorders in one manual but not the other
- These minute differences are the focus of the clinical training

ICD Use And Issues

- Discrepancies between the ICD-10 and DSM-5: American Psychiatric Association is already petitioning for changes to the ICD-10 (changes 2x/year; will be difficult to get changes outside of these sanctioned times)
- Development of ICD-11, Advisory groups, looks to improve on the DSM-5 (Australian and New Zealand Journals of Psychiatry, 2014)
- Goal: standardization in worldwide healthcare systems
- ICD-11 release postponed until at least 2017
- Implication: discrepancies remain; internal policies/procedures to clarify

ICD-9 vs. ICD-10: Details

ICD-9 CM (1975)	ICD-10 CM (1990)
14,000 codes Cannot keep up with medical discovery, knowledge, and treatments No longer supported by WHO	68,000 codes Fundamental overhaul increasing digits, codes, alpha-numeric, improved granularity WHO supported
3-5 digits Limited Combination Codes 2 Volumes, 17 Chapters	3-7 digits Extensive Combination Codes 3 Volumes, 21 Chapters Chapter 5: Mental and Behavioral Disorders
Expansion is limited or full	Room to expand without future overhauls (placeholders = "x" for 6 th and 7 th digits)
Not descriptive enough	Significantly more specific and will accommodate future health care needs

Expanded Diagnoses Examples In ICD-10

- Substance Use codes contain the most expansion
 - ICD-9/DSM-IV-TR has <u>9 diagnoses</u> involving Cannabis
 - DSM-5 has <u>22 diagnoses</u> involving Cannabis
 - ICD-10 has <u>44 diagnoses</u> involving Cannabis

- Bipolar
- Substance Use
- Anxiety
- Schizophrenia's

And... What About Those New DSM-5 Codes?

- Disruptive Mood Dysregulation Disorder: not listed in either ICD-9 or ICD-10
- "Exact" mapping for this DO is not available as a result
- Closest applicable ICD-10CM code would be:
 - F34.8: Mood Disorder, Other Specified
- ■How will your clinicians handle this?
- ■What will the insurer pay for? What's in your payer contract?
- ■How will this be documented?

DSM vs. ICD: Implications For You

You will need to DSM-5 has good If you retain DSM info in it & is a know what has in any capacity, good reference changed in the switch to DSM-5 book DSM-5 We will need to Blue Book lists the But we will be document to the assigning ICD-10 diagnostic criteria Blue Book first, codes on claim and descriptions to DSM second* support diagnoses forms (*BHS rec) DSM-5, in some How do we cases, may have a Recommend using support the ICD-10 the Blue Book higher standard for diagnoses? documentation

How To Proceed Given All The Above?

Policies And Procedures How To Diagnose Understanding the ICD-10 Desk Reference Materials Clinical Documentation and Diagnosing

What Is Coding?

- Numerical representations of something
- "Code-Sets" = The DSM codes, the ICD codes, CPT codes
- "Coding": Typically in healthcare, the act of reviewing the medical record by a certified coder or department and assigning the appropriate codes to services and diagnoses for purposes of record-keeping and health care claims
- In our industry: Use of certified coders is small; typically the clinician assigns the codes (CPT, diagnoses)
- 3 types of codes:
 - Diagnoses: Codes that represent diseases
 - Services: Codes that describe what service was provided to the consumer
 - Supplies: Code representing the supplies used to treat

Codes vs. Diagnosis vs. Case Formulation

Codes: A tool /mechanism that provides mechanism for recording & communicating a persons condition

Diagnosis: Requires clinical acumen and expertise to understand a persons health status

Case Formulation: The conceptualization or hypothesis that organizes the causes, precipitants, & influences that maintain a person's problems

ICD-10 Codes....

•Good news: Structure is largely the same(of the first 3 digits)

 Bad news: Many more varieties, specifics, more expansive (last 4 digits of the code)

ICD-10 Coding Format



- Chapter F = Chapter 5 in ICD-10
- Category = Drug of choice/condition
- Last 4 digits represent the clinical state: etiology, severity, manifestation, and placeholders
- Note: Some T, Y, N, R, X, Z and other codes are applicable to us

DSM-5 To ICD-10 Specificity Example

DSM-5	ICD-10
F51.5 Nightmare Disorder	F51.5 Nightmare Disorder
	F51.8 Other sleep disorders not due to a substance or known physiological condition
	F51.05 Insomnia due to other mental condition
F51.01 Insomnia Disorder	F51.01 Primary Insomnia
	F51.13 Hypersomnia due to other mental condition
	F51.19 Other hypersomnia not due to a substance or known physiological condition

Let's Add More Digits

- ICD-9 CM, the 5th digit is our highest level of specificity
- ICD-10 CM: 6th and 7th digits will represent our highest level of specificity

F10.92	Alcohol Use, unspecified with intoxication	
	F10.920	Alcohol Use, unspecified with intoxication, uncomplicated
	F10.921	Alcohol Use, unspecified with intoxication delirium
	F10.929	Alcohol Use, unspecified with intoxication unspecified

ICD-9 To ICD-10 Specificity Example: The "One-To-Many" Concept

291.3 Alcohol-Induced Psychotic Disorder with Hallucinations	F10.151 Alcohol Abuse with Alcohol- Induced Psychotic Disorder with Hallucinations
	F10.251 Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
	F10.951 Alcohol Use, unspecified with alcohol-induced psychotic disorder with hallucinations

Another Challenge

- "One-to-Many" Concept:
 - You may need 2 DSM codes to fully describe 1 ICD-10 code that is allencompassing
 - Example:
 - ICD-10: F41.0, Panic Disorder without agoraphobia
 - DSM-5: F41.0, Panic Disorder
 - DSM-5: F40.00, Agoraphobia

More Choices For Diagnoses

We pay a price for increased specificity:

More choices for diagnoses = need to watch the digits coded, billed, and the corresponding documentation

A Word of Caution About "Crosswalks".....

Comparing DSM IV-TR to DSM-5 is do-able

Comparing ICD-9 to ICD-10 is do-able

Cross-comparing the DSM to ICD is much more challenging, especially when we get into the Substance Use sections

If possible, you may end up choosing just to operate out of the ICD-10 (pro's/con's to this decision)

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				Glat	Athemer's disease with early snort				
	Dements of the Asherman's Type, 1900-Sarry Chart, With Desirum			F02.81	Deficitly is other disease, case for elsewhere, with behavioral circuit above	902.81	Major front temporal insurance of temporal Protection, with contraling a startage of	100	
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91.2	Acond-induced Retricting Dementia		Acohol Induced persisting dements	F1037	Alcohol use unspected with alcohol-induced persisting dements.	7 7 7	Nichol-Haused major neurocogist ve duorder Norammedic contabulatory type. (10.17 with Inoderate or union		
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			hus induced mental disorder	912.213	Notice dependence gas riths with with their				

DSM-IV-TR \rightarrow ICD-9 \rightarrow ICD-10 Codes \rightarrow DSM-5

DSM IV TR	ICD-9 CM	ICD-10 CM	DSM-5		
300.16 :Factitious Disorder With Predominantly Psychological Signs and Symptoms	300.16: Factitious disorder with predominantly psychological signs and symptoms	F68.11: Factitious disorder with predominantly psychological signs and symptoms ICD10 also has: F68.12 & F68.13	NO DSM-5 DIAGNOSIS code F68.11 Closest is: F68.10: Factitious Disorder		
315.1: Mathematics Disorder	315.1: Mathematics Disorder	F81.2: Mathematics Disorder	F81.2: Specific Learning Disorder: with impairment in mathematics		
333.7: Neuroleptic-Induced Acute Dystonia	333.72: Acute dystonia due to drugs	G24.02: Drug-induced acute dystonia	G24.02: Medication-induced acute dystonia		
N/A	995.29: Antidepressant Discontinuation Syndrome Initial Encounter	T43.205A; Antidepressant discontinuation syndrome Initial encounter	T43.205A; Antidepressant discontinuation syndrome Initial encounter		

Understanding The Official Publications We Will/Should Use Moving Forward

- ICD-10 CM Codes:
 - Various sources will have these (EHR, cheat sheets, another listing)
 - ICD-10 CM codes are sanctioned and governed by the US
- ICD-10 CM Tabular Index (2015) The document that lists, numerically, all the diagnoses in the ICD-10-CM
 - Typically used by Coding offices; Alphabetic Index also useful
- ICD-10 Classification of Mental and Behavioral Disorders: Clinical Descriptions and Diagnostic Guidelines (aka "Blue Book"), published in 1992 by WHO
- 4. ICD-10-CM Official Coding Guidelines (annual):
 - The rules that tell us exactly how to document to support the diagnosis
 - Covertly endorsed by APA (p.23)
- 5. DSM-5, as needed

1. ICD-10 Codes In An EHR

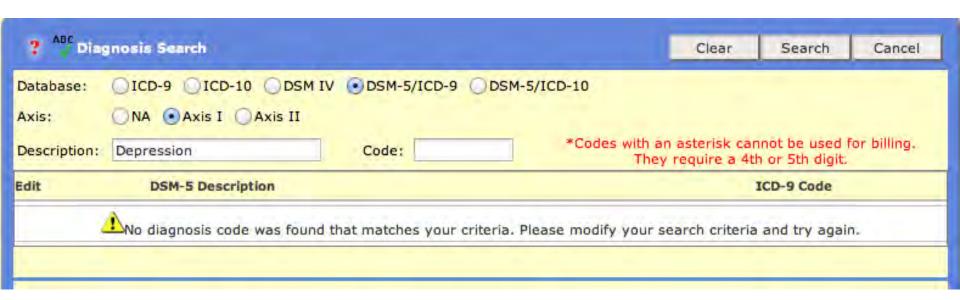
Description: anxiety	Code: *Codes v	with an asterisk cannot be used for billing. They require a 4th or 5th digit.
Edit ICD-10 Description		ICD-10 Code
Adjust Disord W/ An	kiety	F4322
Adjust Disord W/ Mix	red Anxiety & Depressed Mood	F4323
Adjustment disorder	with mixed anxiety and depressed mood	F4323
Alcohol Abuse W/ Al	cohol-Induced Anxiety Disord	F10180
♦ Alcohol Depend W/ /	F10280	
Alcohol Use, Unsp W	/ Alcohol-Induced Anxiety Disord	F10980
Anxiety Disord Due	(nown Physia Cond	F064
Anxiety Disord, Unsp		F419
Anxiety disorder, un	F419	
Cannabis Abuse W/	F12180	
Cannabis Depend W.	Cannabis-Induced Anxiety Disord	F12280

Bipolar

Description: bipolar Code: *Cod	des with an asterisk cannot be used for billing. They require a 4th or 5th digit.	
Bipolar Disord, Curr Episode Mixed, Severe, W/ Psych Features	F3164	
Bipolar Disord, Curr Episode Mixed, Unsp	F3160	
Bipolar Disord, Curr Epsd Depress, Mild/Mod Severt, Unsp	F3130	
▶ Bipolar Disord, Curr Epsd Depress, Sev, W/O Psych Features	F314	
Bipolar Disord, Curr Epsd Depress, Severe, W/ Psych Features	F315	
Bipolar Disord, Curr Epsd Manic W/O Psych Features, Severe	F3113	
Bipolar Disord, Curr Epsd Mixed, Severe, W/O Psych Features	F3163	
Bipolar Disord, Curr In Remis, Most Recent Episode Unsp	F3170	
Bipolar Disord, Currly In Remiss		
Bipolar Disord, In Full Remis, Most Recent Episode Depress		
Bipolar Disord, In Full Remis, Most Recent Episode Hypomanic	F3172	
Bipolar Disord, In Full Remis, Most Recent Episode Manic	F3174	

The Problems Begin

Descript	tion:	anx	Code:	*Codes with an asterisk cannot be used for billing. They require a 4th or 5th digit.
⊌ Coo	caine	Depend W/ Cocaine	Induced Anxiety Disord	F14280
♣ Cod	caine	Use, Unsp W/ Cocai	ne-Induced Anxiety Disord	F14980
b Dis	plc Fx	Dist Phalanx (L) Gr	eat Toe, 7th D	S924220
b Dis	plc Fx	Dist Phalanx (L) Gr	eat Toe, 7th G	S924220
b Dis	plc Fx	Dist Phalanx (L) Gr	eat Toe, 7th K	S92422F
▶ Dis	plc Fx	Dist Phalanx (L) Gr	eat Toe, 7th P	S92422
▶ Dis	plc Fx	Dist Phalanx (L) Gr	eat Toe, Init	S92422A
▶ Dis	plc Fx	Dist Phalanx (L) Gr	eat Toe, Init Opn Fx	S92422E
▶ Dis	plc Fx	Dist Phalanx (L) Gr	eat Toe, Sqla	S92422S
Dis	plc Fx	Dist Phalanx (L) Inc	dex Fngr, Init	S62631A
▶ Dis	plc Fx	Dist Phalanx (L) Inc	dex Fngr, Sqla	S626315
M Dis	nlc Ex	Dist Phalanx (L) Inc	ly Engr. 7th D	S626310





More on EHR Issues This Afternoon...

2. 2015 Tabular Index

ICD-10-CM TABULAR LIST of DISEASES and INJURIES

Table of Contents

- 1 Certain infectious and parasitic diseases (A00-B99)
- 2 Neoplasms (C00-D49)
- 3 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
- 4 Endocrine, nutritional and metabolic diseases (E00-E89)
- 5 Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
- 6 Diseases of the nervous system (G00-G99)
- 7 Diseases of the eye and adnexa (H00-H59)
- 8 Diseases of the ear and mastoid process (H60-H95)
- 9 Diseases of the circulatory system (100-199)
- 10 Diseases of the respiratory system (J00-J99)
- 11 Diseases of the digestive system (K00-K95)
- 12 Diseases of the skin and subcutaneous tissue (L00-L99)
- 13 Diseases of the musculoskeletal system and connective tissue (M00-M99)
- 14 Diseases of the genitourinary system (N00-N99)
- 15 Pregnancy, childbirth and the puerperium (O00-O9A)
- 16 Certain conditions originating in the perinatal period (P00-P96)
- 17 Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
- 18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
- 19 Injury, poisoning and certain other consequences of external causes (S00-T88)
- 20 External causes of morbidity (V00-Y99)
- 21 Factors influencing health status and contact with health services (Z00-Z99)

Chapter 5

Mental, Behavioral and Neurodevelopmental disorders (F01-F99)

Includes: disorders of psychological development

Excludes2: symptoms, signs and abnormal clinical laboratory findings, not elsewhere classified (R00-R99)

This chapter contains the following blocks:

F01-F09	Mental disorders due to known physiological conditions
F10-F19	Mental and behavioral disorders due to psychoactive substance use
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F30-F39	Mood [affective] disorders
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors
F60-F69	Disorders of adult personality and behavior
F70-F79	Intellectual disabilities
F80-F89	Pervasive and specific developmental disorders
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

Mental disorders due to known physiological conditions (F01-F09)

Note: This block comprises a range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction. The dysfunction may be primary, as in diseases, injuries, and insults that affect the brain directly and selectively; or secondary, as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved.

F01 Vascular dementia

Vascular dementia as a result of infarction of the brain due to vascular disease, including hypertensive

ICD-10 Tabular Listing For Schizophrenia

schizophrenic reaction NOS (F23)

Excludes2: schizophrenic reaction in:

alcoholism (F10.15-, F10.25-, F10.95-)

brain disease (F06.2)

epilepsy (F06.2)

psychoactive drug use (F11-F19 with .15. .25, .95)

schizotypal disorder (F21)

F20.0 Paranoid schizophrenia

Paraphrenic schizophrenia

Excludes1: involutional paranoid state (F22) paranoia (F22)

F20.1 Disorganized schizophrenia

Hebephrenic schizophrenia Hebephrenia

F20.2 Catatonic schizophrenia

Schizophrenic catalepsy

Tabular Index Samples

F07 Personality and behavioral disorders due to known physiological condition

Code first the underlying physiological condition

F07.0 Personality change due to known physiological condition

Frontal lobe syndrome

Limbic epilepsy personality syndrome

Lobotomy syndrome

Organic personality disorder

Organic pseudopsychopathic personality

Organic pseudoretarded personality

Postleucotomy syndrome

Code first underlying physiological condition

Excludes1: mild cognitive impairment (G31.84)

postconcussional syndrome (F07.81)

postencephalitic syndrome (F07.89)

signs and symptoms involving emotional state (R45.-)

Excludes2: specific personality disorder (F60.-)

F07.8 Other personality and behavioral disorders due to known physiological condition

Cannabis Abuse Sample From Tabular Index

F12 Cannabis related disorders

Includes: marijuana

F12.1 Cannabis abuse

Excludes1: cannabis dependence (F12.2-)
cannabis use, unspecified (F12.9-)

F12.10 Cannabis abuse, uncomplicated

F12.12 Cannabis abuse with intoxication

F12.120 Cannabis abuse with intoxication, uncomplicated

F12.121 Cannabis abuse with intoxication delirium

F12.122 Cannabis abuse with intoxication with perceptual disturbance

F12.129 Cannabis abuse with intoxication, unspecified

F12.15 Cannabis abuse with psychotic disorder

F12.150 Cannabis abuse with psychotic disorder with delusions

F12.151 Cannabis abuse with psychotic disorder with hallucinations

F12.159 Cannabis abuse with psychotic disorder, unspecified

F12.18 Cannabis abuse with other cannabis-induced disorder

F12.180 Cannabis abuse with cannabis-induced anxiety disorder

Sedative, Hypnotic Or Anxiolytic Dependence

F13.2 Sedative, hypnotic or anxiolytic-related dependence Excludes1: sedative, hypnotic or anxiolytic-related abuse (F13.1-) sedative, hypnotic, or anxiolytic use, unspecified (F13.9-) Excludes2: sedative, hypnotic, or anxiolytic poisoning (T42.-) F13.20 Sedative, hypnotic or anxiolytic dependence, uncomplicated F13.21 Sedative, hypnotic or anxiolytic dependence, in remission F13.22 Sedative, hypnotic or anxiolytic dependence with intoxication Excludes1: sedative, hypnotic or anxiolytic dependence with withdrawal (F13.23-) Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated F13.220 F13.221 Sedative, hypnotic or anxiolytic dependence with intoxication delirium F13.229 Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified Sedative, hypnotic or anxiolytic dependence with withdrawal F13.23 Excludes1: sedative, hypnotic or anxiolytic dependence with intoxication (F13.22-) F13.230 Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated F13.231 Sedative, hypnotic or anxiolytic dependence with withdrawal delirium F13.232 Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance F13.239 Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced F13.24 mood disorder Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced F13.25 psychotic disorder Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-F13.250 induced psychotic disorder with delusions

ICD-10-CM Tabular Lists: The True Diagnostic And Coding Guide

Recognized as the ultimate authority for diagnosis and coding

Lists only diagnoses and codes

Clinical descriptions are not included (Blue Book does this)

3. WHO's ICD-10 "Blue Book"

- Chapter 5's "Clinical Descriptions and Diagnostic Guidelines"
- "Not likely used here in the US"
- American Psychological Association on the Blue Book (May 2013):
 - Psychologists can use the Blue Book to determine diagnoses. Be aware, however, that many users find that this document does not have the same level of detail that the DSM(5) contains.
 - Other clinical descriptions and diagnostic guidelines could also be used to arrive at a diagnosis. As noted, the ICD is the code set used for classification and billing purposes, but the ICD itself does not contain extensive criteria for the purposes of diagnosis. It is presumed that the health care professional has that knowledge, or access to that knowledge, and the expertise to use that knowledge appropriately.

BLUE BOOK OVERVIEW (1992)

Diagnostic guidelines are provided in most (not all) of the cases; "For a definite diagnosis"

Clinical judgment and expertise trump: You still call the shots on the diagnosis

This is why you can still reference the DSM-5 and utilize it

Code "Blocks" In ICD-10 And Blue Book

- Blocks of F Codes in ICD-10:
 - F00-F09: Organic Disorders
 - F10-F19: Psychoactive Substances
 - F20-F29: Schizophrenia, Schizotypal States and Delusional Disorders
 - F50-F59: Physiological Dysfunction & Hormonal Changes (EDO's, sexual dysfunctions, non-organic sleep disorders)
 - F60-F69: New Adult Behavior Disorders—gambling, fire-setting, stealing, and traditional dx of: personality. Note: disorders of "sexual preference" are clearly differentiated from disorders of gender identity
 - F80-F89: Disorders of psychological development
 - F90-F98: Childhood and Adolescence Disorders (other DO's are applicable such as EDO's, etc.)

Annex In The Blue Book

- Very useful medical codes
 - X74: Intentional self-harm by other and unspecified firearm discharge
 - E66: Obesity
 - G24: Dystonia (includes Tardive Dyskinesia)
 - G70: Myasthenia gravis and other myoneural disorders
 - I10: Essential (primary) hypertension
 - X69: Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances, Includes carbon monoxide; utility gas
 - X78 Intentional self-harm by sharp object

4. 2015 ICD-10 CM Official Coding Guidelines

- Published by: CMS and National Center for Health Statistics (NCHS)
- Approved by: American Hospital Association, AHIMA, CMS, and NCHS
- "These guidelines are a set of rules that have been developed to accompany and compliment...ICD-10-CM itself....These guidelines are based on the coding and sequencing....Adherence to these guidelines when assigning ICD-10CM diagnosis codes is required under HIPAA."

These Guidelines Tell Us...

Coding Rules in General for all ICD-10

Chapter 5 has it's own Rules

We MUST follow these or we run risks: audits in particular

Changes Are Coming In Clinical Documentation

To substantiate the new ICD-10 diagnoses and increased specificity

Higher threshold for auditors, regulators

Since NOS is going away, so too are the days of general documentation

Concurrent documentation may be in order as relying on memory for specifics is not wise

5. DSM-5

Medical Policies, Prior Heavily used in US Auth's Our "Bible" Do **NOT** use these Updates to print "ICD-10" codes at version already all!!!

ICD-10 CODING & DOCUMENTATION RULES

2015 ICD-10 CM Official Coding Guidelines

Agenda

The CMS Rule

ICD-10 Official Guidelines for Coding and Reporting

What To Write In The Chart (the specific documentation requirements per diagnosis will be given later)

The CMS Rule

• (Rev.47, Issued: 06-05-09, Effective/Implementation: 06-05-09)

§482.24(c)(1) - All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.

Now, let's look at how CMS interprets the major points of this Rule.....

Legible

All entries in the medical record must be legible. Orders, progress notes, nursing notes, or other entries in the medical record that are not legible may be misread or misinterpreted and may lead to medical errors or other adverse patient events.

Complete

All entries in the medical record must be complete. A medical record is considered complete if it contains sufficient information to identify the patient; support the diagnosis/condition; justify the care, treatment, and services; document the course and results of care, treatment, and services; and promote continuity of care among providers.

Federal Register (CMS) On Medical Necessity

- Functional impairment must be present in the documentation
- States typically define functional impairment, severity and levels to qualify as medically necessary
- Medical Necessity is documented in 3 areas: the Assessment, the Treatment Plan, and the Progress Notes
- 3 elements:
 - Diagnosis of SMI
 - Diagnosis within the last year
 - Disorder causes functional impairment that substantially interferes with or limits one or more daily living activities
- Know the definitions of medical necessity in your State

Do's And Don'ts of Coding In ICD-10 Format Per The ICD-10 Official Coding Guidelines

The Details

Chapter 5
Rules

Additional Components

2015 ICD-10 CM Official Coding Guidelines

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- "These guidelines are a set of rules that have been developed to accompany and compliment...ICD-10-CM itself....These guidelines are based on the coding and sequencing....<u>Adherence to these guidelines when assigning</u> ICD-10CM diagnosis codes is required under HIPAA."

Generally Speaking, We Will Need To:

- Add details in the record to support the more specific diagnosis
- Link symptoms, complications, and manifestations to the diagnosis
- Understand that the diagnostic details needed will depend on the diagnosis given
- "What Would a Certified Coder/Auditor Do?"
 - Accuracy
 - Thorough
 - Detailed
 - Specific

Coding Conventions In ICD-10

"Conventions" are the Coding Rules for ICD-10 (format, method, like APA style)

Use the Alphabetic or Tabular Index to code (or we will give you cheat sheets or EHR prompt)

Format and Structure: F12.34567

Placeholder characters: "X" for future expansion (e.g.: T-codes for us, poison)

Additional Conventions In ICD-10

Some codes have 7 digits

Abbreviations: NEC (not elsewhere classified); aka "Other Specified"

NOS (not otherwise specified); the equivalent of unspecified

Itemization Of Pertinent Rules To BH/SU

- Highest level of specify (i.e.: as many digits as applicable)
- 2. Etiology and Manifestation, "Code First"
- 3. Multiple coding for a single condition
- Excludes 1 and Excludes 2
- Other and Unspecified
- NEC and NOS
- External Cause Code

"The term provider is used throughout the Guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient's diagnosis. Only this set of guidelines, approved by the cooperating Parties, is official."

Introduction To Terms And Nuances

1. OLD

- NOS
- Rule Out/Provisional
- Axis
- GAF

2. NEW

- Unspecified, Other, Not Elsewhere Classified (NEC)
- Does not Exist (except inpatient upon admit)
- Diagnosis
- WHODAS

"Code To The Highest Level Of Specificity"

 "Diagnosis codes are to be used and reported at their highest number of characters available"

Implications:

- NOS, NEC, Unspecified, are to be used ONLY if they meet the guidelines
- Diagnosis codes are composed of codes with 3,4,5,6,or 7 characters
- 3-charater codes are typically category headings (F10) that may further be subdivided to provide greater detail
- A 3-charater code is to be used ONLY if it is not further subdivided.
- A code is INVALID if it has not been coded to the full number of characters required

Level Of Detail In Coding And Charting

- Diagnosis codes are to be used and reported at their highest number of characters available
 - Example: If a condition has 6 digits, then use all 6 digits AND document to account for all 6 aspects of the condition
- A three-character code is to be used only if it is not further subdivided
 - Example: Do NOT use just F10. Alcohol _____? What?
- A code is invalid if it has not been coded to the full number of characters required for that code, including the 7th character, if applicable

Etiology And Manifestation, Code First

- Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology
- AKA or can be determined by seeing the words:
 - "Use additional code"
 - "in diseases classified elsewhere"
 - "Code First"
- Examples:
 - Dementia's
 - Substance Use
 - Psychiatric conditions brought on by medical conditions

Coding General Medical Conditions

Unchartered territory

Integrated Care

Good Policy/Procedure topic

Must follow scope of practice rules in the State

Coding Rules and the ICD-10 itself indicate coding of medical conditions is necessary, and at times, mandatory

Annex in the Blue Book lists all the pertinent Medical Conditions

Remember, the DSM-5 even endorses this practice

BHS Rule of Thumb: Code the medical condition broadly

Multiple Coding For A Single Condition

- Etiology/manifestation rule requires two codes to fully describe a single condition that affects multiple body symptoms
- 2. You may come across "Use additional code"
- 3. This rule is a little different than "Code First"

Excludes Notes (Rules)

ICD-10 has 2 types of "excludes" notes:

- 1. Excludes1: A type1 Excludes note is a pure excludes note. It means "NOT CODED HERE!" An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the the Excludes1 note. An Excludes1 is used when 2 conditions cannot occur together
- 2. Excludes2: A type 2 Excludes note represents "Not included here." An Excludes2 note indicates the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. You may use both the code and the excluded code together.

Excludes1 And Excludes2 Examples

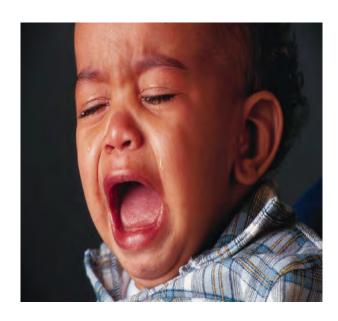
• Excludes1:

- Cannot code/have a diagnosis of Amnesia NEC (R41.3) AND F44.0
 Dissociative Amnesia at the same time
- Cannot code/have R63.0 Loss of Appetite AND F50.0 Anorexia

• Excludes2:

- Can have Mood/Affective Disorders (F30-F39) AND F93.0 Separation
 Anxiety Disorder of Childhood at the same time
- Can have an Adjustment Disorder (F43.2) AND Major Depression at the same time

"But I Don't Wanna Give Up My NOS!!!"



Rules About "Other" And "Unspecified"

"Unspecified" Codes:

 Use these when the information in the medical record is insufficient to assign a more specific code. For those categories for which an unspecified code is not provided, the "other specified" code may represent both other and unspecified.

"Other" Codes:

 Codes titled "other" or "other specified" for use when the information in the medical record provides detail for which a specific code does not exist.

Use Of Sign/Symptom/Unspecified Codes

…"Unspecified codes have acceptable, even necessary, uses. While specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition, there are instances when unspecified codes are the best choices for accurately reflecting the healthcare encounter. Each healthcare encounter should be coded to the level of certainty known for that encounter. If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to code an unspecified in lieu of a definitive diagnosis. When sufficient clinical information isn't known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate "unspecified" code...next page...

Unspecified Codes Should Be Reported When...

-Unspecified codes should be reported when they are the codes that most accurately reflects what is known about the patient's condition at the time of that particular encounter. It would be inappropriate to select a specific code that is not supported by the medical record documentation or conduct medically unnecessary diagnostic testing in order to determine a more specific code."
- THEREFORE: What if: you want to "down-code"? "Protect the consumer from discrimination?" Just don't want to write all the necessary info in the chart because you have better things to do on a sunny day?

NEC And NOS

 Yes that's right. No more NOS. Even though you may VISUALLY see "NEC" and "NOS" listed, the Guidelines for Coding and Reporting explicitly state:

NEC "Not elsewhere classifiable"

This abbreviation in the Tabular List represents "other specified". When a specific code is not available for a condition the Tabular List includes an NEC entry under a code to identify the code as the "other specified" code.

- NOS "Not otherwise specified"
 - This abbreviation is the equivalent of unspecified
- Upshot: No more UNSPECIFIED (NOS) unless it meets criteria!

External Cause Codes (X-codes)

- Several guidelines, but the most applicable to us are:
 - 1. Used with any code in the range of A00.0-T88.9, Z00-Z99
 - An external cause code may be used with any code in the range of A00.0-T88.9, Z00-Z99, classification that is a health condition due to an external cause. Though they are most applicable to injuries, they are also valid for use with such things as infections or diseases due to an external source, and other health conditions, such as a heart attack that occurs during strenuous physical activity.
 - 2. External cause code can never be a principal diagnosis
 - An external cause code can never be a principal (first-listed) diagnosis
 - Unknown or Undetermined Intent Guideline
 - If the intent (accident, self-harm, assault) of the cause of an injury or other condition is unknown or unspecified, code the intent as accidental intent. All transport accident categories assume accidental intent

Z-Codes: The Old "V" Codes

Coding Rules state: Z codes are for use in any healthcare setting. Z codes may be used as either a first – listed (principal diagnosis code in the inpatient setting) or secondary code, depending on the circumstances of the encounter. Certain Z codes may only be used as first-listed or principal diagnosis

This does not mean you will get paid for it, but there may be a good argument here if you want to take this on

Keep In Mind.....

Code assignment is based on the provider's documentation of the relationship between the condition and the care or procedure

If it is not written, it was not done

In everyone's interest of workflow and efficiency, document well, clearly, and specifically

NOW, For the Chapter 5 Coding Guidelines

- Up to this point, all background
- General conventions, guidelines and rules
- While we historically have not been held to a higher standard of clinical documentation, coding and diagnosing in our industry, that will all change

- We must prepare ourselves to provide a higher-quality medical record
- It will take lots of change, attitude adjustments, and longentrenched cultural norm updates

ICD-10 Official Coding Guidelines For Our Chapter 5



Pain Disorders

Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)

a. Pain disorders related to psychological factors

Assign code F45.41, for pain that is exclusively related to psychological disorders. As indicated by the Excludes 1 note under category G89, a code from category G89 should not be assigned with code F45.41

Code F45.42, Pain disorders with related psychological factors, should be used with a code from category G89, Pain, not elsewhere classified, if there is documentation of a psychological component for a patient with acute or chronic pain.

Interpretation?

- F45.41: in the Tabular Index, this is "Pain Disorder exclusively related to psychological factors"
- F45.42: in the Tabular Index, this is "Pain Disorder with related psychological factors"
 - "Code Also" appears in the tabular index and looks like this:
 - Code also associated acute or chronic pain (G89.-)
- #1 above can include people presenting with somatoform pain
- #2 above MUST include the G89.- code (G89. = Pain).
- In our world, #1 is most likely used

Mental and Behavioral DO Due To Psychoactive Substance Use

Mental and behavioral disorders due to psychoactive substance use

1) In Remission

Selection of codes for "in remission" for categories F10-F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with -.21) requires the provider's clinical judgment. The appropriate codes for "in remission" are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting).

Substance Use

2) Psychoactive Substance Use, Abuse And Dependence

When the provider documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

- If both use and abuse are documented, assign only the code for abuse
- If both abuse and dependence are documented, assign only the code for dependence
- If use, abuse and dependence are all documented, assign only the code for dependence
- If both use and dependence are documented, assign only the code for dependence.

Substance Use

3) Psychoactive Substance Use

As with all other diagnoses, the codes for psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses). The codes are to be used only when the psychoactive substance use is associated with a mental or behavioral disorder, and such a relationship is documented by the provider.

Four- And Five-character Categories May Be Used To Specify The Clinical Conditions

F1x.0 Acute intoxication

- .00 Uncomplicated
- .01 With trauma or other bodily injury
- .02 With other medical complications
- .03 With delirium
- .04 With perceptual distortions
- .05 With coma
- .06 With convulsions
- .07 Pathological intoxication

F1x.1 Harmful use

F1x.2 Dependence syndrome

- .20 Currently abstinent
- .21 Currently abstinent, but in a protected environment
- .22 Currently on a clinically supervised maintenance or replacement regime [controlled dependence]
- .23 Currently abstinent, but receiving treatment with aversive or blocking drugs
- .24 Currently using the substance [active
- -27 -dependence]
- .25 Continuous use
- .26 Episodic use [dipsomania]

F1x.3 Withdrawal state

- .30 Uncomplicated
- .31 With convulsions

F1x.4 Withdrawal state with delirium

- .40 Without convulsions
- .41 With convulsions

That's It!

There are **no** other guidelines for coding and reporting in the official 2015 ICD-10 publication that pertain exclusively to Chapter 5

Now That We Know The Do's And Don'ts... What To Write In The Chart

Based on Blue Book Clinical Guidelines first; DSM-5 as back-up

Write out the complete diagnosis and have corresponding documentation

Need solid clinical documentation, not a greater volume!

Supporting The Diagnosis Throughout Treatment

Refer to the diagnosis in your notes, all aspects and nuances

Details of the degree of the patient's mental disability and how the patient is coping with this

Label, define, and specify severity in notes and make this differentiation a regular habit

Documentation Focus Areas For ICD-10-CM

- Disease type
- Disease acuity (mild, moderate, severe)
- Disease stage (Acute, Chronic, Intermittent, Recurrent, Persistent, Transient, Major, most recent episode)
- 4. Site specificity
- Laterality (self-harm)
- Encounter type (initial, subsequent, sequela)
- Current condition vs. past history
- 8. Relationship of condition to procedure
- Etiology
- 10. Symptoms/manifestations associated with disease process
- 11. External cause

CLINICAL DOCUMENTATION TIPS

Identify the ICD <u>diagnostic criteria</u> for each diagnosis that is a focus of treatment;

A significant impairment in an important area(s) of life functioning;

A probability of significant deterioration in an important area of life functioning;

A probability that the client will not progress developmentally;

That the mental health condition could not be treated by lower level of care;

That the mental health condition would not be responsive to physical health care treatment.

What To Document In The Chart

- Identify and describe specific signs and symptoms and their related severity
- 2. Behaviors: List behaviors, their duration and intensity
- Level of Functioning
- Clinical Rationale: Why this Level of Service is indicated at this time
- Clinical Indicators: History of symptoms and behavior severity AND in the last 5 days
- Previous admissions
- 7. Intent: Accidental, intentional, undetermined, self-harm

Other Documentation Hints

 Adverse Effects, Poisoning, Underdosing and Toxic Effects

Combination codes that include the substances related to adverse effects, poisonings, toxic effects and underdosing, as well as the external cause

Will require knowing intent: accidental, intentional self-harm, assault, undetermined

Other Helpful Items To Document

- Acute versus Chronic; With/Without complications
- 2. Itemize the clinical indicators for the diagnosis
- Provide documentation in your analysis of how the condition impairs the consumer
- LOCUS: Levels of Care Utilization System Elements:
 - Risk: harm to self/others
 - Functional Status
 - Medical, Addictive, psychiatric Co-morbidity
 - Recovery Environment (is consumer supported outside of treatment?)
 Level of Stress, of Support
 - Treatment and Recovery history
 - Engagement and Recovery Status

Examples Of What To Write Down

Smoking types:

- Exposure to...
- History of...
- Occupational, environmental cause
- Cigarette's, Chewing Tobacco, Other Tobacco

2. Dementia

- Document the type
- Is it related to other conditions?
- Any behavioral disturbances?

3. Asthma

"Complicated BY....." OR "Uncomplicated"

Other Key Tips To Improve Documentation

- Obsessive-compulsive:
 - List OCD symptoms with either depression or schizophrenia presentations
- Adjustment Disorders:
 - Make a notation of the type of Adjustment disorder and describe the symptoms that warrant that particular diagnosis
- Dissociative and Conversion Disorders:
 - Are there any motor symptoms, seizures, convulsions, sensory symptoms? Mixed presentation present?

Document To Substantiate Diagnosis

- All the KEY medical concepts, relevant to care now and looking to the future
- ICD-9: Code and Description: 292.85 *Drug induced sleep disorders*
- ICD-10: Code and Description: F13.282 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
- You would then write in your record:

"A patient is evaluated for a [drug induced] [sleeping disorder] that is related to [dependence] on a [sedative drug]."

ICD-10 Nuances

- "High on drugs" constitutes Poisoning
 - T40.5x1A: Poisoning by cocaine, accidental (unintentional), initial encounter
 - Then document for the underlying issue:
 - F14.151: Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
- Self-Injury, Self-Poisoning
- Medical Conditions
 - Diabetes
 - Asthma
 - High Blood Pressure
 - Others.....

Tips On Substance Use Coding For ICD-10

- The identification of the stage of substance use, namely continuous or episodic, is not utilized in ICD-10-CM
- ICD-10-CM will continue to use codes for substance dependence "in remission." ICD-10-CM classification system does not provide separate "history" codes for alcohol abuse and drug abuse. These are classified as "in remission."
- A single ICD-10-CM code now identifies not only the substance but also the disorder the substance use induced
- There are now unique codes for substance use (not specified as abuse or dependence), and for abuse and dependence, so careful review of the documentation is required to accurately code for the patient's situation.

Samples From Medical Records

- "...significant past medical history is the (X) diabetes with neuropathy..."
- "there is a suggestion in the chart that there is a history of autism spectrum symptoms"
 - DX: Depression NOS and Autism Spectrum Disorder
 - But no notation of symptoms

- Bipolar Disorder Type II without psychotic symptoms
 - Problem? No notation in the chart to substantiate the diagnosis—no symptoms listed. Diagnosis justified by "patient known to this facility."

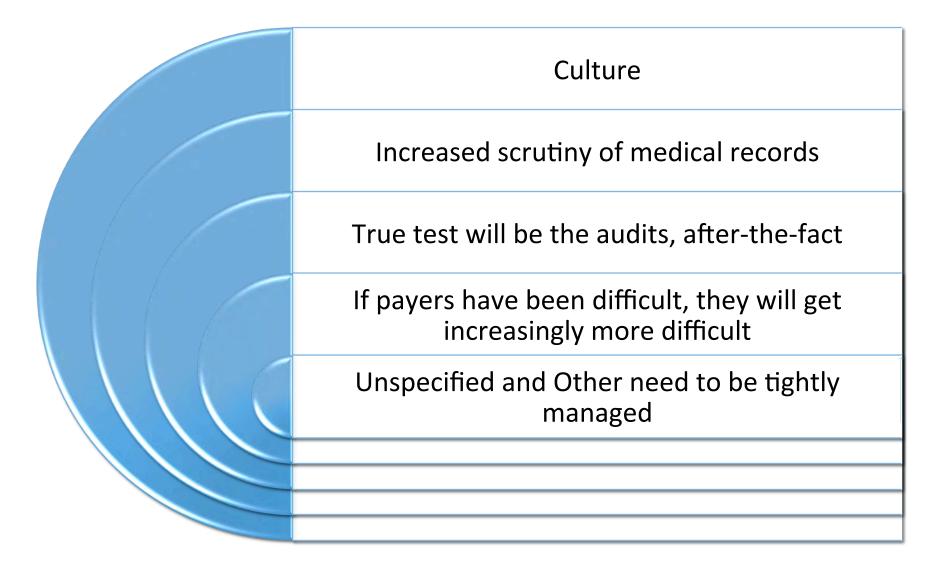
Final Samples

- "He showed some evidence of hypertension while here."
 - OK, but no HTN diagnosis given
 - Was it a contributory factor?
 - Why mention it?
 - What was the relationship to the other presenting problems?
- "24 y/o male who is admitted for heroin and methamphetamine...patient has been using 1 gram of heroin, smoking it, and 1 gram of methamphetamine and smoking it..."
 - Diagnosis? "Opiate Dependency"
 - Can this be substantiated by the record?
- If length of stay is 3 days/visits, and initial diagnosis is "Psychosis NOS," is it reasonable to also have the discharge diagnosis be "Psychosis NOS"? ITS NOT NOS: UNSPECIFIED

Manifestations And Blood Alcohol

- The third character indicates the substance used, the fourth and fifth characters the psychopathological syndrome, e.g. from acute intoxication and residual states; this allows the reporting of all disorders related to a substance even when only three-character categories are used.
- These also have a code specific to the blood alcohol level (Y90-) to be assigned as an additional code when documentation indicates its use ICD-10-CM codes identify:
 - the aspects of use (withdrawal state),
 - the effects (abuse and dependence)
 - the manifestations (alcohol abuse with alcohol-induced delirium).

Closing Words On Coding And Documentation



The Challenges For You

60 payers? 60 different requirements

Learning the ICD-10

Assessing
Revenue Cycle
Impact

Coding and Documentation Requirements

Culture

ICD-10 CODING, DOCUMENTATION, AND CLINICAL DIAGNOSTIC CRITERIA TRAINING©

Prepared exclusively for: Fairfax County and Health Planning Region II Community Service Boards

By:

Behavioral Health Solutions, P.A. Lisette Wright, M.A., Licensed Psychologist Executive Director May 4-8, 2015

Agenda For Codes And Documentation Requirements

- Tabular/Alphabetic Index AND Diagnostic Categories, Documentation Requirements
 - ✓ Mental Health Codes
 - √Substance Use Codes
 - ✓ Physical Health Codes Clinical Diagnostic Guidelines of ICD, Blue Book (1992)
- Notable Differences Between DSM and ICD

Two Notable Indices In The ICD-10

<u>Alphabetic</u>

- An alphabetical list of terms and their corresponding code
- Coders typically start here then move on to the Tabular
- Clinicians may use just the Tabular Index to reduce time spent
- Updated every year by CMS and NCHS

<u>Tabular</u>

- Structured list of codes divided into chapters based on body system or condition
- This is the FINAL authoritative determination of diagnosing
- Updated every year by CMS and NCHS
- 1593 Pages; Chapter 5 = 42 pages
- Free PDF from CMS

Alphabetic Index To Tabular Index

- Arranged in Alphabetic order by disease—by specific illness, injury, abbreviation, or other descriptive diagnostic term. Also lists diagnostic terms for other reasons for encounters
- "Look up the main term in the Alphabetic Index and scan the subterm entries as appropriate."
- Do not code from the Alphabetic Index without verifying the accuracy of the code in the Tabular Index. Locate the code in the alphanumerically arranged Tabular Index

pseudochylous R18.8 syphilitic A52.74 tuberculous A18.31 Aseptic — see condition Asherman's syndrome N85.6 Asialia K11.7 Asiatic cholera — see Cholera m NEC Asimultagnosia (simultanagnosia) R48.3 Askin's tumor — see Neoplasm, connective tissue. lignant Asocial personality F60.2 Asomatognosia R41.4 Aspartylglucosaminuria E77.1 Asperger's disease or syndrome F84.5 Aspergilloma — see Aspergillosis Aspergillosis (with pneumonia) B44.9 bronchopulmonary, allergic B44.81 disseminated B44.7 generalized B44.7 remic pulmonary NEC B44.1 ed) (see also allergic B44.81 invasive B44.0 specified NEC B44.89 tonsillar B44.2 Aspergillus (flavus) (fumigatus) (infection) (terres s, by drug see Aspergillosis

anter

Depression Derangement joint - contin Depression — continued specified ty masked (single episode) F32.8 medullary G93.89 shoulder menopausal (single episode) F32.8 wrist M2 metatarsus — see Depression, arches temporoma monopolar F33.9 knee (recurrent nervous F34.1 ligament dis neurotic F34.1 anterior nose M95.0 capsular post-psychotic of schizophrenia F32.8 instability post-schizophrenic F32.8 lateral co postnatal F53 postpartum F53 medial co psychogenic (reactive) (single episode) F32.9 posterior psychoneurotic F34.1 loose body N psychotic (single episode) F32.3 meniscus M2 recurrent F33.3 cystic M23 reactive (psychogenic) (single episode) F32.9 lateral psychotic (single episode) F32.3 recurrent — see Disorder, depressive, recurrent ante respiratory center G93.89 post seasonal — see Disorder, depressive, recurrent spec senile FØ3 medial severe, single episode F32.2 ante situational F43.21 skull 067.4 post specified NEC (single episode) F32.8 spec degenerate sternum M95.4 visual field — see Defect, visual field vital (recurrent) (without psychotic symptoms) F33.2 cus, detached with psychotic symptoms F33.3 single episode F32.2 speci due to old Deprivation cultural Z60.3 lateral N effects NOS T73.9

```
Mania — continued
  recurrent F31.89
Manic-depressive insanity, psychosis, or syndrome
      — see Disorder, bipolar
Mannosidosis E77.1
Mansonelliasis, mansonellosis B74.4
Manson's
   disease B65.1
   schistosomiasis B65.1
 Manual — see condition
 Maple-bark-stripper's lung (disease) J67.6
 Maple-syrup-urine disease E71.0
 Marable's syndrome (celiac artery compression) 177.4
 Marasmus E41
    due to malnutrition E41
    intestinal E41
    nutritional E41
    senile R54
    tuberculous NEC — see Tuberculosis
  Marble
     bones Q78.2
     skin R23.8
   arburg virus disease A98.3
```

ture - see Fracture traumatic stress by site

(CD-10-CM Draft (2014)

Mental, Behavioral, and Neur

(hapter 5. Mental, Behavioral, and Neurodevelopmental Disorders (FØ1-F99)

disorders of psychological development
symptoms, signs and abnormal clinical laboratory findings, not
elsewhere classified (RØØ-R99)

This chapter contains the following blocks:

Mental disorders due to known physiological conditions FØ1-FØ9 Mental and behavioral disorders due to psychoactive substance use F10-F19 Schizophrenia, schizotypal, delusional, and other non-mood F2Ø-F29 psychotic disorders Mood [affective] disorders F3Ø-F39 F40-F48 Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders F50-F59 Behavioral syndromes associated with physiological disturbances and physical factors F60-F69 Disorders of adult personality and behavior F70-F79 Intellectual disabilities F80-F89 Pervasive and specific developmental disorders Behavioral and emotional disorders with onset usually occurring in F90-F98 childhood and adolescence F99 Unspecified mental disorder

Mental disorders due to known physiological conditions (FØ1-FØ9)

NOTE

This block comprises a range of mental disorders grouped together

√4th

Tabular Index First Page

ICD-10-CM TABULAR LIST of DISEASES and INJURIES

Table of Contents

- 1 Certain infectious and parasitic diseases (A00-B99)
- 2 Neoplasms (C00-D49)
- 3 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
- 4 Endocrine, nutritional and metabolic diseases (E00-E89)
- 5 Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
- 6 Diseases of the nervous system (G00-G99)
- 7 Diseases of the eye and adnexa (H00-H59)
- 8 Diseases of the ear and mastoid process (H60-H95)
- 9 Diseases of the circulatory system (100-199)
- 10 Diseases of the respiratory system (J00-J99)
- 11 Diseases of the digestive system (K00-K95)
- 12 Diseases of the skin and subcutaneous tissue (L00-L99)
- 13 Diseases of the musculoskeletal system and connective tissue (M00-M99)
- 14 Diseases of the genitourinary system (N00-N99)
- 15 Pregnancy, childbirth and the puerperium (O00-O9A)
- 16 Certain conditions originating in the perinatal period (P00-P96)
- 17 Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
- 18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
- 19 Injury, poisoning and certain other consequences of external causes (S00-T88)
- 20 External causes of morbidity (V00-Y99)
- 21 Factors influencing health status and contact with health services (Z00-Z99)

Instructional Notations

Chapter 5

Mental, Behavioral and Neurodevelopmental disorders (F01-F99)

Includes: disorders of psychological development

Excludes2: symptoms, signs and abnormal clinical laboratory findings, not elsewhere classified (R00-R99)

This chapter contains the following blocks:

F01-F09	Mental disorders due to known physiological conditions
F10-F19	Mental and behavioral disorders due to psychoactive substance use
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F30-F39	Mood [affective] disorders
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors
F60-F69	Disorders of adult personality and behavior
F70-F79	Intellectual disabilities
F80-F89	Pervasive and specific developmental disorders
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

Mental disorders due to known physiological conditions (F01-F09)

Note: This block comprises a range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction. The dysfunction may be primary, as in diseases, injuries, and insults that affect the brain directly and selectively; or secondary, as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved.

F01 Vascular dementia

Vascular dementia as a result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease.

Includes: arteriosclerotic dementia

Tabular Index Samples

F07 Personality and behavioral disorders due to known physiological condition

Code first the underlying physiological condition

F07.0 Personality change due to known physiological condition

Frontal lobe syndrome

Limbic epilepsy personality syndrome

Lobotomy syndrome

Organic personality disorder

Organic pseudopsychopathic personality

Organic pseudoretarded personality

Postleucotomy syndrome

Code first underlying physiological condition

Excludes1: mild cognitive impairment (G31.84)

postconcussional syndrome (F07.81)

postencephalitic syndrome (F07.89)

signs and symptoms involving emotional state (R45.-)

Excludes2: specific personality disorder (F60.-)

F07.8 Other personality and behavioral disorders due to known physiological condition

Cannabis Abuse Sample From Tabular Index

F12 Cannabis related disorders

Includes: marijuana

F12.1 Cannabis abuse

Excludes1: cannabis dependence (F12.2-)
cannabis use, unspecified (F12.9-)

F12.10 Cannabis abuse, uncomplicated

F12.12 Cannabis abuse with intoxication

F12.120 Cannabis abuse with intoxication, uncomplicated

F12.121 Cannabis abuse with intoxication delirium

F12.122 Cannabis abuse with intoxication with perceptual disturbance

F12.129 Cannabis abuse with intoxication, unspecified

F12.15 Cannabis abuse with psychotic disorder

F12.150 Cannabis abuse with psychotic disorder with delusions

F12.151 Cannabis abuse with psychotic disorder with hallucinations

F12.159 Cannabis abuse with psychotic disorder, unspecified

F12.18 Cannabis abuse with other cannabis-induced disorder

F12.180 Cannabis abuse with cannabis-induced anxiety disorder

More Cannabis Abuse Codes

F12 Cannabis related disorders

Includes: marijuana

F12.1 Cannabis abuse

Excludes1: cannabis dependence (F12.2-)

cannabis use, unspecified (F12.9-)

- F12.10 Cannabis abuse, uncomplicated
- F12.12 Cannabis abuse with intoxication
 - F12.120 Cannabis abuse with intoxication, uncomplicated
 - F12.121 Cannabis abuse with intoxication delirium
 - F12.122 Cannabis abuse with intoxication with perceptual disturbance
 - F12.129 Cannabis abuse with intoxication, unspecified
- F12.15 Cannabis abuse with psychotic disorder
 - F12.150 Cannabis abuse with psychotic disorder with delusions
 - F12.151 Cannabis abuse with psychotic disorder with hallucinations
 - F12.159 Cannabis abuse with psychotic disorder, unspecified
- F12.18 Cannabis abuse with other cannabis-induced disorder
 - F12.180 Cannabis abuse with cannabis-induced anxiety disorder
 - F12.188 Cannabis abuse with other cannabis-induced disorder
- F12.19 Cannabis abuse with unspecified cannabis-induced disorder

F12.2 Cannabis dependence

Excludes1: cannabis abuse (F12.1-)

Cannabis Dependence Sample

	F12.22	Cannabis dependence with intoxication				
		F12.220	Cannabis dependence with intoxication, uncomplicated			
		F12.221	Cannabis dependence with intoxication delirium			
		F12.222	Cannabis dependence with intoxication with perceptual disturbance			
		F12.229	Cannabis dependence with intoxication, unspecified			
	F12.25	Cannabis	s dependence with psychotic disorder			
		F12.250	Cannabis dependence with psychotic disorder with delusions			
		F12.251	Cannabis dependence with psychotic disorder with hallucinations			
		F12.259	Cannabis dependence with psychotic disorder, unspecified			
	F12.28	Cannabis	s dependence with other cannabis-induced disorder			
		F12.280	Cannabis dependence with cannabis-induced anxiety disorder			
		F12.288	Cannabis dependence with other cannabis-induced disorder			
	F12.29	Cannabis	s dependence with unspecified cannabis-induced disorder			
9	Cannab	ois use, unspecified				
	Exclude	Excludes1: cannabis abuse (F12.1-) cannabis dependence (F12.2-)				
	F12.90	Cannabis use, unspecified, uncomplicated				
	F12.92	Cannabis use, unspecified with intoxication				
		F12.920	Cannabis use, unspecified with intoxication, uncomplicated			
		F12.921	Cannabis use, unspecified with intoxication delirium			
		F12.922	Cannabis use, unspecified with intoxication with perceptual disturbance			
		F12.929	Cannabis use, unspecified with intoxication, unspecified			
	F12.95	Cannabis	s use, unspecified with psychotic disorder			
		F12.950	Cannabis use, unspecified with psychotic disorder with delusions			
		F12.951	Cannabis use, unspecified with psychotic disorder with hallucinations			
		F12.959	Cannabis use, unspecified with psychotic disorder, unspecified			
	F12.98	Cannabis	s use, unspecified with other cannabis-induced disorder			
		F12.980	Cannabis use, unspecified with anxiety disorder			
		F12.988	Cannabis use, unspecified with other cannabis-induced disorder			
	F12.99	Cannabis	s use, unspecified with unspecified cannabis-induced disorder			

Sedative, Hypnotic Or Anxiolytic Dependence

F13.2 Sedative, hypnotic or anxiolytic-related dependence Excludes1: sedative, hypnotic or anxiolytic-related abuse (F13.1-) sedative, hypnotic, or anxiolytic use, unspecified (F13.9-) Excludes2: sedative, hypnotic, or anxiolytic poisoning (T42.-) F13.20 Sedative, hypnotic or anxiolytic dependence, uncomplicated F13.21 Sedative, hypnotic or anxiolytic dependence, in remission F13.22 Sedative, hypnotic or anxiolytic dependence with intoxication Excludes1: sedative, hypnotic or anxiolytic dependence with withdrawal (F13.23-) Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated F13.220 F13.221 Sedative, hypnotic or anxiolytic dependence with intoxication delirium F13.229 Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified Sedative, hypnotic or anxiolytic dependence with withdrawal F13.23 Excludes1: sedative, hypnotic or anxiolytic dependence with intoxication (F13.22-) F13.230 Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated F13.231 Sedative, hypnotic or anxiolytic dependence with withdrawal delirium F13.232 Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance F13.239 Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced F13.24 mood disorder Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced F13.25 psychotic disorder Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-F13.250 induced psychotic disorder with delusions

Mood Disorders: Manic Episodes

Mood [affective] disorders (F30-F39)

F30 Manic episode

Includes: bipolar disorder, single manic episode

mixed affective episode

Excludes1: bipolar disorder (F31.-)

major depressive disorder, single episode (F32.-)

major depressive disorder, recurrent (F33.-)

F30.1 Manic episode without psychotic symptoms

F30.10 Manic episode without psychotic symptoms, unspecified

F30.11 Manic episode without psychotic symptoms, mild

F30.12 Manic episode without psychotic symptoms, moderate

F30.13 Manic episode, severe, without psychotic symptoms

F30.2 Manic episode, severe with psychotic symptoms

Manic stupor

Mania with mood-congruent psychotic symptoms

Mania with mood-incongruent psychotic symptoms

- F30.3 Manic episode in partial remission
- F30.4 Manic episode in full remission
- F30.8 Other manic episodes Hypomania
- F30.9 Manic episode, unspecified Mania NOS

F31 Bipolar disorder

Includes: manic-depressive illness

Bipolar Disorder (EHR May Say Bipolar Affective Disorder AKA Bipolar I)

- F31.12 Bipolar disorder, current episode manic without psychotic features, moderate
- F31.13 Bipolar disorder, current episode manic without psychotic features, severe
- F31.2 Bipolar disorder, current episode manic severe with psychotic features
 Bipolar disorder, current episode manic with mood-congruent psychotic symptoms
 Bipolar disorder, current episode manic with mood-incongruent psychotic symptoms
- F31.3 Bipolar disorder, current episode depressed, mild or moderate severity
 - F31.30 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
 - F31.31 Bipolar disorder, current episode depressed, mild
 - F31.32 Bipolar disorder, current episode depressed, moderate
- F31.4 Bipolar disorder, current episode depressed, severe, without psychotic features
- F31.5 Bipolar disorder, current episode depressed, severe, with psychotic features
 Bipolar disorder, current episode depressed with mood-incongruent psychotic symptoms
 Bipolar disorder, current episode depressed with mood-congruent psychotic symptoms
- F31.6 Bipolar disorder, current episode mixed
 - F31.60 Bipolar disorder, current episode mixed, unspecified
 - F31.61 Bipolar disorder, current episode mixed, mild
 - F31.62 Bipolar disorder, current episode mixed, moderate
 - F31.63 Bipolar disorder, current episode mixed, severe, without psychotic features
 - F31.64 Bipolar disorder, current episode mixed, severe, with psychotic features
 Bipolar disorder, current episode mixed with mood-congruent psychotic symptoms
 Bipolar disorder, current episode mixed with mood-incongruent psychotic symptoms
- F31.7 Bipolar disorder, currently in remission
 - F31.70 Bipolar disorder, currently in remission, most recent episode unspecified
 - F31.71 Bipolar disorder, in partial remission, most recent episode hypomanic

Specific Phobias

Animal type phobia F40.21 F40.210 Arachnophobia Fear of spiders F40.218 Other animal type phobia F40.22 Natural environment type phobia F40.220 Fear of thunderstorms F40.228 Other natural environment type phobia F40.23 Blood, injection, injury type phobia F40.230 Fear of blood

F40.231 Fear of injections and transfusions F40.232 Fear of other medical care F40.233 Fear of injury F40.24 Situational type phobia Claustrophobia F40.240 F40.241 Acrophobia F40.242 Fear of bridges F40.243 Fear of flying

F48 Other nonpsychotic mental disorders

F48.1 Depersonalization-derealization syndrome

F48.2 Pseudobulbar affect

HUH?

Involuntary emotional expression disorder

Code first underlying cause, if known, such as:

amyotrophic lateral sclerosis (G12.21)

multiple sclerosis (G35)

sequelae of cerebrovascular disease (169.-)

sequelae of traumatic intracranial injury (S06.-)

F48.8 Other specified nonpsychotic mental disorders

Dhat syndrome

Neurasthenia

Occupational neurosis, including writer's cramp

Psychasthenia

Psychasthenic neurosis

Psychogenic syncope

F48.9 Nonpsychotic mental disorder, unspecified

Neurosis NOS

Excludest. Vaginishius (due to a known physiological condition) (1407.2)

F52.6 Dyspareunia not due to a substance or known physiological condition Psychogenic dyspareunia

Excludes2: dyspareunia (due to a known physiological condition) (N94.1)

F52.8 Other sexual dysfunction not due to a substance or known physiological condition Excessive sexual drive Nymphomania Satyriasis

F52.9 Unspecified sexual dysfunction not due to a substance or known physiological condition Sexual dysfunction NOS

F53 Puerperal psychosis

Postpartum depression

Excludes1: mood disorders with psychotic features (F30.2, F31.2, F31.5, F31.64, F32.3, F33.3)
postpartum dysphoria (O90.6)
psychosis in schizophrenia, schizotypal, delusional, and other psychotic disorders (F20-F29)

F54 Psychological and behavioral factors associated with disorders or diseases classified elsewhere Psychological factors affecting physical conditions

Code first the associated physical disorder, such as: asthma (J45.-) dermatitis (L23-L25)

Intellectual Disabilities (F70-F79)

Code first any associated physical or developmental disorders

Excludes1: borderline intellectual functioning, IQ above 70 to 84 (R41.83)

F70 Mild intellectual disabilities IQ level 50-55 to approximately 70 Mild mental subnormality

- F71 Moderate intellectual disabilities IQ level 35-40 to 50-55 Moderate mental subnormality
- F72 Severe intellectual disabilities IQ 20-25 to 35-40 Severe mental subnormality
- F73 Profound intellectual disabilities IQ level below 20-25 Profound mental subnormality
- F78 Other intellectual disabilities
- F79 Unspecified intellectual disabilities Mental deficiency NOS Mental subnormality NOS

- Note the presence of "Code First"
- Will want a Policy/Procedure for this
- 3-character diagnoses
- These F codes are different than R41.83

F84 Pervasive developmental disorders

Use additional code to identify any associated medical condition and intellectual disabilities.

F84.0 Autistic disorder

Infantile autism Infantile psychosis Kanner's syndrome

Excludes1: Asperger's syndrome (F84.5)

F84.2 Rett's syndrome

Excludes1: Asperger's syndrome (F84.5)
Autistic disorder (F84.0)
Other childhood disintegrative disorder (F84.3)

F84.3 Other childhood disintegrative disorder

Dementia infantilis

Disintegrative psychosis

Heller's syndrome

Symbiotic psychosis

Use additional code to identify any associated neurological condition.

Excludes1: Asperger's syndrome (F84.5)

Autistic disorder (F84.0)

Rett's syndrome (F84.2)

F84.5 Asperger's syndrome

Asperger's disorder
Autistic psychopathy
Schizoid disorder of childhood

Chapter 20: Self-Harm

 Note: "...It is intended that (if a code from this section is applicable), it shall be used secondary to a code from another chapter..."

Chapter 20

External causes of morbidity (V00-Y99)

Note: This chapter permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used secondary to a code from another chapter of the Classification indicating the nature of the condition. Most often, the condition will be classifiable to Chapter 19, Injury, poisoning and certain other consequences of external causes (S00-T88). Other conditions that may be stated to be due to external causes are classified in Chapters I to XVIII. For these conditions, codes from Chapter 20 should be used to provide additional information as to the cause of the condition.

This chanter contains the following blocks:

Self-Harm Section Of Tabular Index

Discretion on the level of specificity used by organization

Intentional self-harm (X71-X83)

Purposely self-inflicted injury Suicide (attempted)

X71 Intentional self-harm by drowning and submersion

The appropriate 7th character is to be added to each code from category X71

- A initial encounter
- D subsequent encounter
- S sequela

Note: Since the Tabular Index indicates to specify "encounter codes" with this diagnosis ("A, D, S"), then it would look like this for an initial encounter:

X71.8XXA

Intentional self-harm (X71-X83)

Purposely self-inflicted injury Suicide (attempted)

X71 Intentional self-harm by drowning and submersion

The appropriate 7th character is to be added to each code from category X71

- A initial encounter
- D subsequent encounter
- S sequela
- X71.0 Intentional self-harm by drowning and submersion while in bathtub
- X71.1 Intentional self-harm by drowning and submersion while in swimming pool
- X71.2 Intentional self-harm by drowning and submersion after jump into swimming pool
- X71.3 Intentional self-harm by drowning and submersion in natural water
- X71.8 Other intentional self-harm by drowning and submersion

X71.9 Intentional self-harm by drowning and submersion, unspecified

X72 Intentional self-harm by handgun discharge

Intentional self-harm by gun for single hand use

Intentional self-harm by pistol

Intentional self-harm by revolver

Excludes1: Very pistol (X74.8)

The appropriate 7th character is to be added to code X72

- A initial encounter
- D subsequent encounter
- S sequela

X73 Intentional self-harm by rifle, shotgun and larger firearm discharge

Excludes1: airgun (X74.01)

The appropriate 7th character is to be added to each code from category X73

- A initial encounter
- D subsequent encounter
- S sequela

X73.0 Intentional self-harm by shotgun discharge

- X73.1 Intentional self-harm by hunting rifle discharge
- X73.2 Intentional self-harm by machine gun discharge
- X73.8 Intentional self-harm by other larger firearm discharge
- X73.9 Intentional self-harm by unspecified larger firearm discharge

X78 Intentional self-harm by sharp object

The appropriate 7th character is to be added to each code from category X78

- A initial encounter
- D subsequent encounter
- S sequela
- X78.0 Intentional self-harm by sharp glass
- X78.1 Intentional self-harm by knife
- X78.2 Intentional self-harm by sword or dagger
- X78.8 Intentional self-harm by other sharp object
- X78.9 Intentional self-harm by unspecified sharp object

X79 Intentional self-harm by blunt object

The appropriate 7th character is to be added to code X79

- A initial encounter
- D subsequent encounter
- S sequela

X80 Intentional self-harm by jumping from a high place Intentional fall from one level to another

X93 Assault by handgun discharge

Assault by discharge of gun for single hand use

Assault by discharge of pistol

Assault by discharge of revolver

Excludes1: Very pistol (X95.8)

The appropriate 7th character is to be added to code X93

A - initial encounter

D - subsequent encounter

S - sequela

X94 Assault by rifle, shotgun and larger firearm discharge

Excludes1: airgun (X95.01)

The appropriate 7th character is to be added to each code from category X94

A - initial encounter

D - subsequent encounter

S - sequela

X94.0 Assault by shotgun

X94.1 Assault by hunting rifle

X94.2 Assault by machine gun

X94.8 Assault by other larger firearm discharge

Chapter 21

Factors influencing health status and contact with health services (Z00-Z99)

Note: Z codes represent reasons for encounters. A corresponding procedure code must accompany a Z code if a procedure is performed. Categories Z00-Z99 are provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00-Y89 are recorded as 'diagnoses' or 'problems'. This can arise in two main ways:

Page 1534

- (a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem which is in itself not a disease or injury.
- (b) When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.

This chapter contains the following blocks:

Z00-Z13	Persons encountering health services for examinations
Z14-Z15	Genetic carrier and genetic susceptibility to disease
Z16	Resistance to antimicrobial drugs
717	Estragon recentor status

Lstrogen receptor status

Z18 Retained foreign body fragments

Z20-Z28 Persons with potential health hazards related to communicable diseases

Z30-Z39 Persons encountering health services in circumstances related to reproduction

Z40-Z53 Encounters for other specific health care

Z55-Z65 Persons with potential health hazards related to socioeconomic and psychosocial circumstances

- Z3A.28 28 weeks gestation of pregnancy
- Z3A.29 29 weeks gestation of pregnancy
- Z3A.3 Weeks of gestation of pregnancy, weeks 30-39
 - Z3A.30 30 weeks gestation of pregnancy
 - Z3A.31 31 weeks gestation of pregnancy
 - Z3A.32 32 weeks gestation of pregnancy
 - Z3A.33 33 weeks gestation of pregnancy
 - Z3A.34 34 weeks gestation of pregnancy
 - Z3A.35 35 weeks gestation of pregnancy
 - Z3A.36 36 weeks gestation of pregnancy
 - Z3A.37 37 weeks gestation of pregnancy
 - Z3A.38 38 weeks gestation of pregnancy
 - Z3A.39 39 weeks gestation of pregnancy
- Z3A.4 Weeks of gestation of pregnancy, weeks 40 or greater
 - Z3A.40 40 weeks gestation of pregnancy
 - Z3A.41 41 weeks gestation of pregnancy

- 257.0 Occupational exposure to noise
- Z57.1 Occupational exposure to radiation
- Z57.2 Occupational exposure to dust
- 257.3 Occupational exposure to other air contaminants
 - Z57.31 Occupational exposure to environmental tobacco smoke Excludes2: exposure to environmental tobacco smoke (Z77.22)
 - 257.39 Occupational exposure to other air contaminants
- 257.4 Occupational exposure to toxic agents in agriculture Occupational exposure to solids, liquids, gases or vapors in agriculture
- 257.5 Occupational exposure to toxic agents in other industries
 Occupational exposure to solids, liquids, gases or vapors in other industries
- 257.6 Occupational exposure to extreme temperature
- 257.7 Occupational exposure to vibration
- Z57.8 Occupational exposure to other risk factors
- Z57.9 Occupational exposure to unspecified risk factor

Stressors Related To Military Deployment

- Z63.6 Dependent relative needing care at home
- Z63.7 Other stressful life events affecting family and household
 - 263.71 Stress on family due to return of family member from military deployment Individual or family affected by family member having returned from military deployment (current or past conflict)
 - Z63.72 Alcoholism and drug addiction in family
 - 263.79 Other stressful life events affecting family and household
 Anxiety (normal) about sick person in family
 Health problems within family
 Ill or disturbed family member
 Isolated family

ICD-10 MENTAL HEALTH CODES: DOCUMENTATION REQUIREMENTS

ICD-10 Coding, Documentation, and Clinical Diagnostic Criteria Training[©]

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Understanding The Official Publications We Will/Should Use Moving Forward

- ICD-10 CM Codes:
 - Various sources will have these (EHR, cheat sheets, another listing)
 - ICD-10 CM codes are sanctioned and governed by the US
- ICD-10 CM Tabular Index (2015) The document that lists, numerically, all the diagnoses in the ICD-10-CM
 - Typically used by Coding offices; Alphabetic Index also useful
- ICD-10 Classification of Mental and Behavioral Disorders: Clinical Descriptions and Diagnostic Guidelines (aka "Blue Book"), published in 1992 by WHO
- 4. ICD-10-CM Official Coding Guidelines (annual):
 - The rules that tell us exactly how to document to support the diagnosis
 - Covertly endorsed by APA (p.23)
- 5. DSM-5, as needed

Source Of Information Presented

- CMS
- GEMS forward and backward mapping and then pulling out the concepts (i.e., type, underlying etiology, complications an manifestations, acuity, severity, poising [unintentional, intentional, assault, unspecified], adverse reactions and under dosing, noncompliance, laterality, episode of care, etc...)
- Pulling that specific information on each of those elements present for any given ICD-10 Code
- Blue Book
- AHIMA-endorsed guidelines
- Some material courtesy of: Angela Hickman CPC, CEDC, AHIMA Approved ICD-10-CM/PCS Trainer

Documentation Focus Areas For ICD-10

- Disease type
- Disease acuity/severity
- 3. Frequency
- 4. Disease stage (in remission/partial remission)
- 5. Site specificity
- 6. Laterality
- 7. Encounter type (initial, subsequent, sequela)
- 8. Current condition vs. past history
- Relationship of condition to procedure
- 10. Etiology
- 11. Symptoms/manifestations associated with disease process
- 12. External cause
- 13. Mode of delivery (injectable, inhalant)
- 14. With/Without somatic symptoms: defined in BB (page 100)

Blue Book Diagnostic Criteria Notes

Consider Remember BB (1992) supplementing DSM-III? with DSM-5

Overall Observations

- √ Tabular Index and BB are not consistent or aligned totally
- ✓ If there is No diagnostic criteria listed for an ICD-10 diagnosis, then there IS no diagnostic criteria
- ✓DSM-5 may have a higher stander, more clarity for descriptions, OR information about most diagnoses
 - DSM-5 lists more options for symptoms than the BB does
- ✓ Many DSM-5 specifiers do NOT have coding digits assigned to them. For example:
 - DSM-5: PTSD is one diagnostic code, with written specifiers
 - ICD-10: PTSD has 3 flavors AND 3 different code numbers (acute, chronic, unspecified). What is acute? What is chronic? BB does not define this

Regarding DSM-ICD Issues: Problems Can Occur In.....

- Diagnoses names
 - Hyperkinetic versus Impulsive
 - Asperger's versus Autism Spectrum Disorder
 - OCD versus Hoarding Disorder
 - Disruptive Mood Dysregulation Disorder versus Persistent Mood Disorder
 - Bipolar I versus Bipolar Affective Disorder
- Code Numbers
 - 1 code number may mean 3 different diagnoses (DSM-5: F50.8 EDO)
 - F30's: Mania. Present in ICD-10 but not in DSM-5
 - Claustrophobia: ICD-10 = F40.240 whereas DSM-5 = F40.248

Here We Go!!

- Mental Health Slides have the documentation requirements AND the diagnostic criteria per the BB listed on them (or subsequent slide depending on space)
- Note: The SU diagnostic criteria is taken largely from the BB BUT, it also is taken from the ICD-10 CM Official Guidelines for Coding and Documentation
 - Especially regarding "Use" versus Abuse and Dependence

Altered Mental Status

- Documentation Requirements:
 - Type
 - Disorientation
 - Confusion
 - Delirium
 - Change in mental status
 - Retrograde amnesia
 - Anterograde amnesia
 - Deficit
 - Attention and concentration
 - Cognitive communication
 - Visuospatial
 - Psychomotor
 - Frontal lobe and executive function

Generalized Anxiety Disorder

Documentation Requirements

- Type
 - Anxiety
 - Neurosis
 - Reaction
 - State
 - Overanxious disorder

Diagnostic Criteria

- F41.1
- Anxiety most days for <u>at</u>
 <u>least several weeks</u> at a time and usually for several months. Symptoms usually involve elements of:
 - Apprehension
 - Motor tension
 - Autonomic over activity

Persistent Mood [Affective] Disorders

Documentation Requirements

- Type
 - Cyclothymic
 - Affective personality disorder
 - Cycloid personality, etc.
 - Dysthymic
 - Depressive neurosis
 - Neurotic depression, etc.
 - Persistent mood disorders
 - Other
 - Unspecified
 - Unspecified mood disorder

Diagnostic Criteria

- Cyclothymia, F34.0
- Symptoms: A persistent instability of mood, Numerous periods of mild depression and mild elation not severe or prolonged enough to fulfill criteria for bipolar affective disorder or recurrent depressive disorder.

Dysthymic Disorder

Documentation Requirements

- Type
 - Depressive
 - Neurosis
 - Personality
 - Dysthymia
 - Depression
 - Neurotic
 - Persistent anxiety

Diagnostic Criteria

- Dysthymia, F34.1
- <u>Symptoms:</u> Long-standing depression of mood, Rarely severe or long enough to fulfill criteria for recurrent depressive disorder, Begins early in adult life and lasts at least several years.

Depressive Disorder Documentation Requirements ONLY On This Slide

- Type
 - Episode
 - Single
 - Recurrent
 - Severity
 - Mild
 - Moderate
 - Severe
- Psychotic features/ symptoms
 - With
 - Without

- Remission
 - Partial
 - Full
 - Unspecified
- Document any associated diagnoses/conditions

Major Depressions: Single And Recurrent Diagnostic Criteria

- Refer to the handout for details
- Note inclusion of "with or without somatic symptoms" and this present in the BB only
- ICD states Self-Harm should be coded here (X-codes)
- Main 3 symptoms:
 - Depressed mood most of the day
 - Markedly diminished interest/pleasure
 - Increased Fatigability
- Timeframe: 2 weeks or "can be shorter"
- Mild, Moderate, Severe:
 - Mild: at least 2 symptoms + 2 others
 - Moderate: 2 or 3 symptoms + 3 preferably 4
 - Severe: all 3 typical + at least 4

Bipolar Disorder Documentation Requirements ONLY on this Slide

- Type
 - Hypomanic
 - Manic
 - Depressed
 - Mixed
 - Bipolar II
 - Other
 - Unspecified
- Psychotic features
 - With
 - Without

- Severity
 - Mild
 - Moderate
 - Severe
- Current episode
- Remission
 - Partial
 - Full

Bipolar Diagnostic Criteria

- F30's: Manic Episode
 - F30's not in DS-5s Several Mania's possible (F30.1, .10, .11, .12, .13; F30.2, .3, .4, . 8, .9)
 - Three degrees of severity: mild, moderate and severe
- Episode <u>should last 1 week</u>
- Should be severe enough to almost completely disrupt ordinary work/social activity
- First attack generally between ages 15-30, may occur in late childhood or 70-80 years of age
- <u>Symptoms:</u> Should show increased energy and several of the following symptoms: Elevated mood not due to circumstances; continuum of carefree joviality to uncontrollable excitement; Accompanied by increased energy, resulting in: Over activity, Pressured speech, Decreased need for sleep, Social disinhibition, Cannot sustain attention, Marked distractibility, Inflated self-esteem, Grandiose or overly optimistic ideas, Perceptual disorders (colors more vivid/beautiful), Preoccupation with fine details of surfaces/textures, Subjective hyperacuisis
- Extravagant and impractical schemes, Spends money recklessly, May be inappropriately aggressive, amorous, or facetious, Mood may be irritable and suspicious rather than elated

Hypomania Defined

- Hypomania:
 - Lesser degree of mania, too persistent/marked to be cyclothymia
 - No hallucinations or delusions
 - If only a short period prior/after mania, may code mania only
- Symptoms: Persistent mild elevation of mood (at least several days), Increased energy and activity, Unusually marked feeling of wellbeing, physical and mental efficiency, Increased sociability, talkativeness
- Overfamiliarity, Increased sexual energy, Decreased need for sleep, Impaired concentration, inability to work steadily or relax, Mild overspending or appearance of new ventures and activities, Symptoms present with considerable but not severe work disruption or social rejection, Irritability, conceit and boorish behavior instead of euphoric sociability

Bipolar Affective Disorder, F31's

- Manic episodes begin abruptly, <u>last 2 weeks to 4-5 months</u>
- May occur at any age (childhood to old age)
- Frequency and pattern of remission/relapse is very variable
- <u>Symptoms:</u> Characterized by repeated (<u>at least two</u>) episodes of disturbed mood and activities, Disturbance consists of occasions of elevated mood/increased energy (mania or hypomania) AND lowered mood/decreased energy or activity (depression), Recovery generally complete between episodes, Depressions tend to last longer
- Bipolar II is found in F31.8, Other BiPolar Affective Disorder

Schizophrenia, Schizotypal, Delusional, And Other Non-Mood Psychotic Disorders

Documentation Requirements

- Schizophrenia
 - Paranoid
 - Disorganized
 - Catatonic
 - Undifferentiated
 - Residual
 - Other
 - Unspecified
 - Schizoaffective disorders
 - Bipolar
 - Depressive
 - Other
 - Unspecified

Documentation Requirements

- Psychotic disorders
 - Schizotypal
 - Delusional
 - Brief
 - Shared
 - Not due to a substance or known physiological condition
 - Other
 - Unspecified

Schizophrenia's, Psychotic's, Delusional: General Notations

The timeframes for some of these disorders are quite different than in the DSM's

Many varieties of schizophrenia as opposed to DSM-5

Schizophrenia's have upwards of a 5th character so be specific/careful

Your Homework For This Category

Read the ENTIRE section in the BB introduction to Schizophrenia as well as note the different schizophrenia types, diagnostic labels, criteria, and differentiations between this entire category of DO's

Mood Disorder Due To Known Physiological Condition

Documentation Requirements:

- With
 - Features
 - Depressive
 - Manic
 - Mixed
 - Major depressive-like episode
 - Unspecified

ICD-10 SUBSTANCE USE CODES

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What To Expect

- A <u>very large</u> number of diagnoses and code numbers
- Do NOT expect there to be a reasonable pattern to the numbers
- There are differences between the substances and conditions:
 - For example: F10.180 Alcohol Abuse with alcohol-induced anxiety disorder does not have a comparable Opioid abuse with opioid-induced anxiety disorder (no anxiety disorder here, but the other disorders do align—sexual dysfunction, sleep disorder, etc.)

The Jelly Bean Count

47 Alcohol + 34 Cannabis

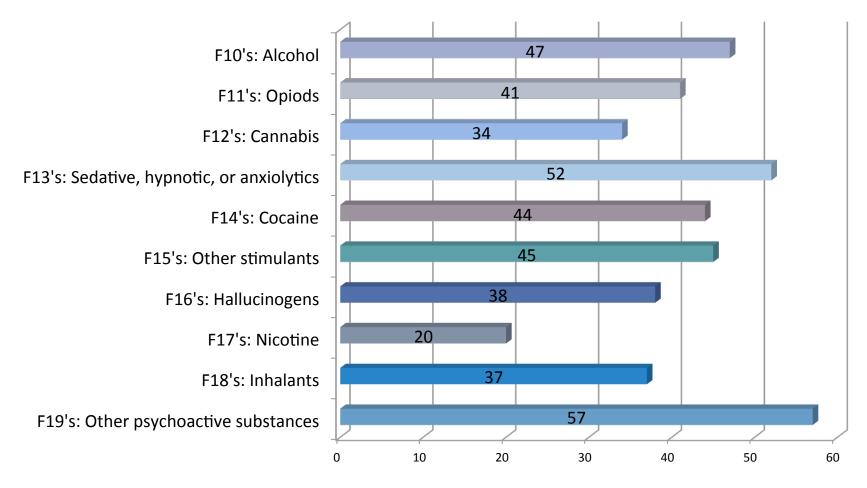
52 Sedative, Hypnotic, Anxiolytic

415 Total SU Codes

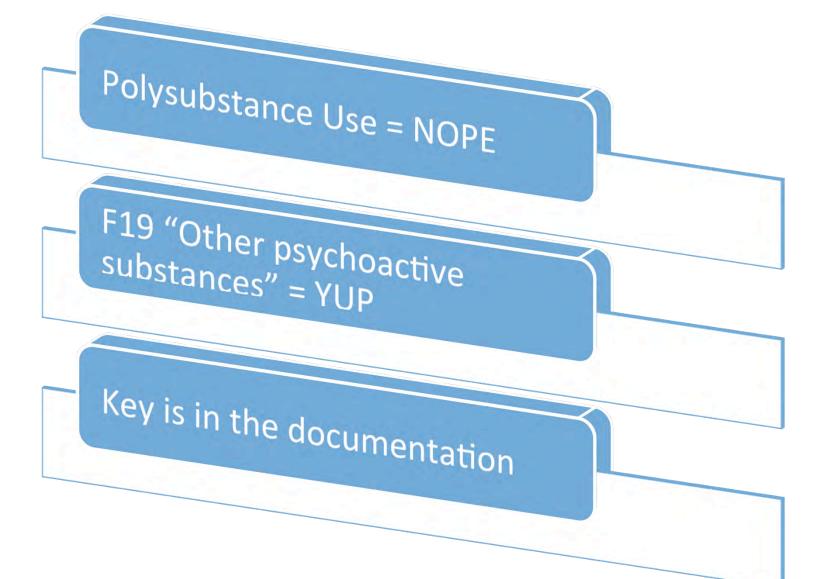
44 Cocaine + 38 Hallucinogen

37 Inhalants + all Others

ICD-10-CM Substance Use Codes: Number By Diagnostic Category



Polysubstance



ICD-10: Encoder Substance Use Codes

Next batch of slides are the actual ICD-10 codes and descriptors that have been taken from CMS GEMS and Encoder systems.

Purpose: give you a sense of what to expect in your EHR (should)

Give you a visual of the SU blocks in ICD-10

CODE	ICD10-Description
F01.51	Vascular dementia with behavior disturbance
F10.121	Alcohol abuse with intoxication delirium
F10.221	Alcohol dependence with intoxication delirium
F10.921	Alcohol use unspecified with intoxication delirium
F10.231	Alcohol dependence with withdrawal delirium
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10.230	Alcohol dependence with withdrawal, uncomplicated
F10,232	Alcohol dependence with withdrawal with perceptual disturbance
F10.239	Alcohol dependence with withdrawal, unspecified
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction

Substances

ICD10-	ICD10-Description
CODE	ico10-Description
17.223	Nicotine dependence chewing tobacco with withdrawal
17.293	Nicotine dependence other tobacco product with withdrawal
-11.23	Opioid dependence with withdrawal
11.93	Opioid use with unspecified withdrawal
19.230	Other psychoactive substance dependence withdrawal with uncomplicated
19.231	Other psychoactive substance dependence with withdrawal delirium
19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
19.239	Other psychoactive substance dependence with withdrawal, unspecified
19.930	Other psychoactive substance use, unspecified with withdrawal, uncomplicated
19.931	Other psychoactive substance use, unspecified with withdrawal delirium
19.932	Other psychoactive substance use, unspecified with withdrawal with perceptual disturbance
19.939	Other psychoactive substance use, unspecified with withdrawal, unspecified
13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
13.930	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, uncomplicated
13.931	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal delirium
13.932	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal with perceptual disturbances
13.939	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, unspecified
15.150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions

Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorde

Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations

Cannabis abuse with psychotic disorder with hallucinations

Cannabis dependence with psychotic disorder with hallucinations

Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations

Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations

Substances

ICD10-Description Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with delusions Inhalant abuse with inhalant-induced psychotic disorder with delusions Inhalant dependence with inhalant-induced psychotic disorder with delusions Inhalant use, unspecified with inhalant-induced psychotic disorder with delusions Opioid abuse with opioid-induced psychotic disorder with delusions Opioid dependence with opioid-induced psychotic disorder with delusions Opioid use, unspecified with opioid-induced psychotic disorder with delusions Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delus Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with d Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delus Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with d Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with del Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder w

Substances

CODE	ICD10-Description
F18.920	Inhalant use, unspecified with intoxication, uncomplicated
F18.929	Inhalant use, unspecified with intoxication, unspecified
F18.180	Inhalant abuse with inhalant-induced anxiety disorder
F18.280	Inhalant dependence with inhalant-induced anxiety disorder
F18.980	Inhalant use, unspecified with inhalant-induced anxiety disorder
F11.120	Opioid abuse with intoxication, uncomplicated
F11.121	Opioid abuse with intoxication delirium
F11.122	Opioid abuse with intoxication with perceptual disturbance
F11.129	Opioid abuse with intoxication, unspecified
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.920	Opioid use, unspecified with intoxication, uncomplicated
F11.921	Opioid use, unspecified with intoxication delirium
F11.922	Opioid use, unspecified with intoxication with perceptual disturbance
F11.929	Opioid use, unspecified with intoxication, unspecified
F11.181	Opioid abuse with opioid-induced sexual dysfunction
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.981	Opioid use, unspecified with opioid-induced sexual dysfunction

FINALLY! A Block We Can Read (Without Glasses)!

F17.203	Nicotine dependence unspecified with withdrawal
F17 200	
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
F17 212	Ni activo a do mando mas aisconettas voitebro descoral
F17.213	Nicotine dependence cigarettes with withdrawal
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
F17 222	
F17.223	Nicotine dependence chewing tobacco with withdrawal
F17.229	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
F17.293	Nicotine dependence other tobacco product with withdrawal
117.233	Wicoline dependence other tobacco product with withdrawar
E17 200	Nicoting dependence other tobacco product, with unchacified picoting induced disorders
F17.299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders

Alcohol, Tobacco & Substance Use

Documentation Requirements

- Type of drug or substance
- Describe Frequency of usage:
 - Use
 - Abuse
 - Dependence
 - In remission
- Mode of nicotine usage (cigarettes, chewing tobacco, pipe, gum, etc.)
- Specify Intoxication/Withdrawal:
 - Uncomplicated
 - With delirium
- Withdrawal symptoms

Diagnostic Criteria

- Use:
 - The(se) codes are to be used only when the psychoactive SU is associated with a mental or behavioral DO, & such a relationship is documented by the provider
- Abuse: Requires actual damage to physical or mental health
 - Harmful patterns criticized by others
 - Adverse social consequences
 - Acute intoxication/hangover not sufficient
 - If dependence, psychotic DO, do not diagnose here

Alcohol, Tobacco & Substance Use, Continued

Documentation Requirements

- Associated diagnoses/conditions
 - Mood disorder
 - Delusions
 - Hallucinations
 - Anxiety
 - Sleep disorders
 - Sexual dysfunctions
 - Other related conditions
- Blood alcohol level
- Treatment provided:
 - Detoxification services
 - Counseling
 - Psychotherapy
 - Medication management
 - Pharmacotherapy

Diagnostic Criteria

- <u>Dependence:</u> 3 or more of the following present together at some point in the last year:
 - Strong desire or compulsion to take
 - Difficulty controlling using behavior
 - Physiological withdrawal state
 - Evidence of tolerance
 - Progressive neglect of alternative pleasures or interests
 - Persistent use despite overtly harmful consequences
- Essential feature: either psychoactive substance taking or a desire to take should be present

Documentation Requirements For The SU Codes

- Little guidance in this category with the exception of the other documentation requirement specificity AND with the elements itemized for Alcohol Dependence
- The bigger issue has to do with differentiating the states:
 - Acute intoxication
 - Harmful Use
 - Dependence
 - Withdrawal State
 - Psychotic
 - Amnesic
 - Residual and late-onset psychotic
 - Other and Unspecified

Alcohol Dependence

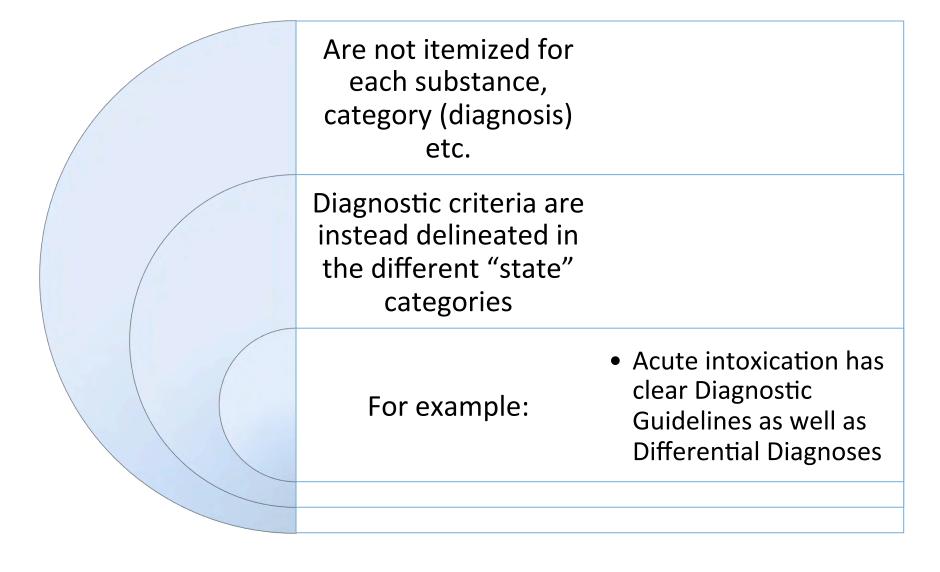
Documentation Requirements

- With
 - Intoxication
 - Withdrawal
 - Alcohol induced
 - Mood disorder
 - Psychotic disorder
 - Persisting
 - Amnestic disorder
 - Dementia
 - Other
 - Unspecified

Documentation Requirements

- Identify
 - Uncomplicated
 - In remission
 - Delirium
 - Perceptual disturbance
 - Delusions
 - Hallucinations
 - Disorder
 - Anxiety
 - Sleep
 - Sexual dysfunction
 - Unspecified

SU Diagnostic Criteria...



Diagnostic Guidelines For States

F1x.0 Acute Intoxication

- Closely related to dose levels, Disinhibition due to social context, Is a transient phenomenon, may not reflect primary action of the drug (depressants may produce agitation).
 - F1x.00: Uncomplicated
 - F1x.01 With trauma or other bodily injury
 - F1x.02 With other medical complications
 - F1x.03 With delirium
 - F1x.04 With perceptual distortions
 - F1x.05 With coma
 - F1x.06 With convulsions
 - F1x.07 Pathological intoxication (APPLIES ONLY TO ALCOHOL)
- Note: this very specific state, condition, and code number

ICD-10 Guidelines For Severity Coding

- If use and abuse are present, code for abuse
- If abuse and dependence are present, code for dependence
- If use, abuse, and dependence are present, code for dependence
- Is use and dependence are present, code for dependence

Code and diagnose for the highest level of severity

Diagnostic Guidelines In BB For Substances

More than one drug taken? "Diagnose according to the most important single substance"

When in doubt, code the drug/type of drug most frequently misused

F19 category: Patterns of chaotic/indiscriminate use warrant F19, but if use pattern is "consistent," do not use F19 (Other Psychoactive Substance Related DO's)

Level of alcohol involvement "can be indicated by supplementary code of Y90.x(blood/alcohol content) or Y91.x(level of intoxication)

MAJOR DIFFERENCES BETWEEN THE DSM AND ICD

Pointing out some notable differences

Why Point These Out?

Our "old" way of thinking is well entrenched

It will take time and practice to shift into the new diagnostic criteria's, language, and timelines in some categories

ADHD

- Language: Hyperkinetic versus Impulsive
- Timeframe:
 - ICD-10: no timeframe (DSM-5: symptoms persisted for at least 6 months)
- ICD-10 criteria indicate symptoms should be of early onset (before age 6) versus the DSM-5 which states "symptoms are difficult to distinguish from highly variable normative behaviors before the age of 4....ADHD is most often identified during elementary school years."
- BB and Tabular Index do not align in this category

Bipolar Episodes: Specificity

- ICD-10 has 5 sections:
 - Current episode manic with or without psychotic symptoms
 - Current episode depressed
 - Current episode mixed
 - Current episode in full/partial remission

- DSM-5 has 3 sections:
 - Most recent episode manic
 - Most recent episode hypomanic
 - Most recent episode depressed

Bipolar Timeframes

- Manic Episode
 - ICD-10 is 2 weeks to 4-5 months (DSM-5 "lasting at least 1 week")
- Hypomanic Episode
 - ICD-10: "to a lesser degree of mania" (DSM-5 is "lasting at least 4 days")
- Depressive episodes of Bipolar:
 - Follows the same criteria as a Major Depressive Episode
 - Remember: ICD-10 on Major Depressive Episode = 2 weeks required,
 "but can be shorter"

Bipolar Specifiers

 To meet the <u>specifiers</u> in the ICD-10 of Mild, Moderate, or Severe: the number of symptoms present makes the determination. For example:

> Mild MDD = at least 2 typical symptoms + 2 others, Moderate: 2 or 3 symptoms + 3 preferably 4 others Severe = all 3 typical + at least 4

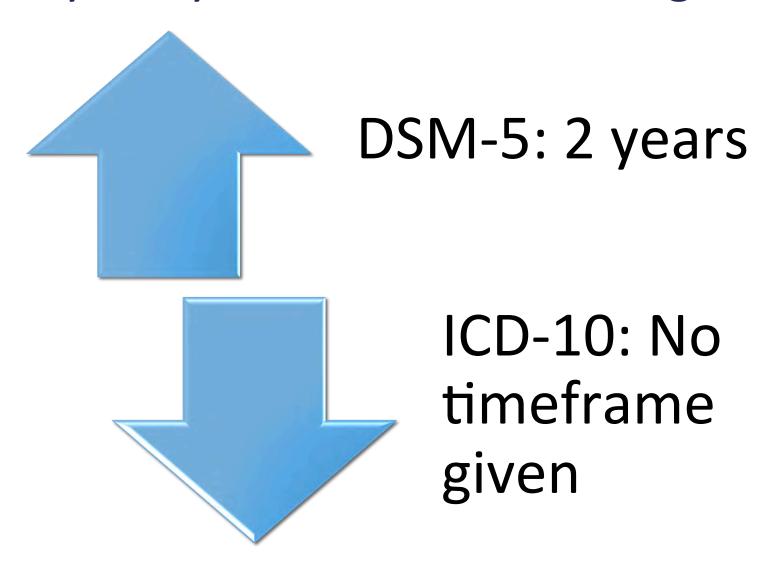
The DSM-5 specifiers text states (pg. 188):

Mild: few if any

Moderate: Between mild and severe

Severe: in excess of that required to make the diagnosis

Cyclothymia: Timeframe to Diagnose



Anxiety: General Observations

ICD-10: More specific phobias

Hoarding
Disorder: Only in
the DSM-5

Claustrophobia: F40.240 in ICD-10; F40.248 in DSM-5

Anxiety Timeframes

- Agoraphobia and Social Phobia:
 - DSM-5 timeframe is 6 months; ICD-10 does not have a timeframe
- GAD
 - DSM-5 timeframe is 6 months; ICD-10 is "several months"
- OCD
 - ICD-10 timeframe is "at least 2 weeks"; DSM-5 does not list a timeframe
- PTSD
 - ICD-10: "Evidence PTSD arose within 6 months of a traumatic event"
 - DSM-5 does not itemize timeframe

Adjustment Disorders

DSM-5: "Occurring within 3 months and lasts no longer than 6 months"



ICD-10: "3 months or longer"

Acute Stress Reaction: Big Differences!

DSM-5

ICD-10

Symptoms: "symptoms typically begin immediately after the trauma, but persistence for at least 3 days and up to a month"

Symptoms: "onset of symptoms is usually within a few minutes if not immediate."

<u>Duration:</u> "duration is 3 days to 1 month"

<u>Duration:</u> "few hours to 3 days"

PTSD in the ICD-10: 3 Flavors

Acute: Not defined

Chronic: Not defined

Unspecified

Mood Disorders: Major Differences

- Disruptive Mood Dysregulation Disorder: This is a <u>DSM-5 ONLY</u> diagnosis!
- ICD-10 standards clearly state that self-harm should be coded with an addition code (typically X60-X83's)
- BB indicates specifiers with all Major Depressions of with or without somatic symptoms (defined page 100)
- Persistent Mood Disorders: the ICD-10 has many more varieties of these
- BB/Tabular Index Discrepancies: F38's in BB, not Tabular

Major Depression Differences

- DSM-5: Two Main Symptoms
 - Depressed mood most of the day OR Markedly diminished interest/ pleasure
- ICD-10: Three Main Symptoms
 - Depressed mood most of the day OR Markedly diminished interest/ pleasure OR increased fatigability
- Therefore, you <u>could</u> have someone with depressed mood most of the day AND increased fatigability (but NOT diminished please/interest) <u>AND still meet</u> the criteria according to ICD-10 criteria.

Some Notes On Depression

ICD-10 has many more varieties than the DSM-5

"For A Definitive DX"

ICD-10 criteria: 2 weeks required, "can be shorter"

Seasonal Pattern specifier not in ICD-10

Seasonal Pattern Note In Alpha Index

Alphabetic index lists "seasonal" under Depression

Points you to "see Disorder, Depressive, Recurrent" in the alpha index

Disorder-Depressive-Recurrent then just lists the types with no "seasonal" mentioned

Therefore: NO "SEASONAL AFFECTIVE

DISORDER" exists (or "Depression: Seasonal")

Specifiers In Depression: Note The Numbers

ICD-10

Mild MDD:

 At least 2 typical symptoms + 2 others Few if any

Moderate MDD:

Mild MDD:

 2 or 3 symptoms + 3 preferably 4 others

Moderate MDD:

Between Mild and Severe

<u>Severe MDD:</u>

all 3 typical + at least 4

Severe MDD:

 In excess of that required to make the diagnosis

DSM-5 (page 188)

Eating Disorders: General Observations

Timeframes between the 2 manuals are notable:

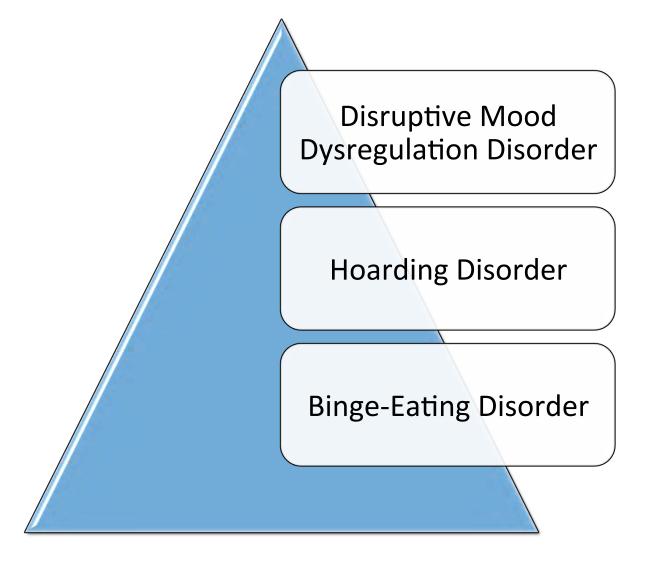
Pica & Rumination DO in DSM-5 is 1 month; NO timeframe in the ICD-10 is given; Anorexia: no timeframe given in the ICD-10 but DSM-5 has timeframe;

Bulimia: no timeframe given in the ICD-10 but DSM-5 has timeframe

F50.8 in DSM-5 has 4 different conditions assigned to it:

Avoidant/restrictive food intake disorder, Binge-Eating Disorder, Other specified feeding or eating disorder, Pica, in adults

Great New Diagnoses Not In The ICD



Atypical Anorexia Definition Differences

• ICD-10: "1 or more of the key features of anorexia nervosa, such as amenorrhea or significant weight loss, is absent but who otherwise present a fairly typical clinical picture..."

• DSM-5: "All the criteria are met except that despite significant weight loss, the individuals weight is within or above the normal range."

Substance Use Battle

DSM-5

- Substance Use or Substance-Induced
- Tolerance/Withdrawal are criteria, but are not required for diagnosis
- "Craving or a strong desire" is a new criterion but has been present in the ICD-10 all along

ICD-10

- Dependence and Abuse
- 2. Tolerance/Withdrawal are criteria, but are not "required" *However* they constitute 2 out of the 5 symptoms AND 3 of 5 criteria are required.

 Translation? While not required, likely are present

Big Categories

Schizophrenia

Substances

Bipolars

Anxieties

With And Without Somatic Syndrome

- Terms used in the Blue Book only
- May/may not be required, or requested for documentation
- If requested, Page 100-112 in the Blue Book defines and it contains an <u>additional digit</u> for the codes
- "Somatic syndrome is not regarded as present unless about four of these symptoms are definitely present."

Bipolar's

Entire block of F30's (Mania) non-existent in DSM-5

Diagnostic Label differences

"Bipolar I" in DSM-5

"Bipolar Affective DO" in ICD-10

Some diagnoses have same code number but different condition (with or without manic features)

Schizophrenia and Psychotic's

<u> ICD-10</u>

10 Varieties

- Psychotics:
 - F23's: Entire block of Acute and Transient Psychotic Disorders
 - !! "A 5th character may be used..." !! Watch specificity here

<u>DSM-5</u>

• F20.9, one and only dx

- Psychotics:
 - Only one diagnosis available: F23: "Brief Psychotic Disorder"

Childhood Disorders

ICD-10

DSM-5

- F92's: Mixed Disorders of
 No F92's **Conduct and Emotions**
 - 3 varieties
- F93's: Emotional Disorders with Onset Specific to Childhood
 - 6 varieties

 F93.0 Separation Anxiety Disorder

Eating Disorders

- F50.8 is listed in the DSM-5 3 times
 - Avoidant/Restrictive Food Intake Disorder
 - Binge-Eating Disorder
 - Other Specified Feeding or Eating Disorder
- F50.8 in ICD-10 is "Other Eating Disorder"
- No Binge-Eating Disorder in the ICD-10

Other ICD-10 Codes: R Codes

- This block contains codes having to do with cognitive functioning, awareness, suicidal and homicidal ideation, chronic fatigue.
 - Examples: some neurological conditions, amnesia's
 - Includes Borderline intellectual functioning with IQ 71-84
 - Does NOT include F-block codes for Intellectual Disabilities (F70-79)

S00-T88's: Injury, Poisoning

Intentional, nonintentional poisoning Intentional abuse injuries due to neglect, violence

V00-Y99's: Self-Harm And Blood Alcohol

- X71-X83: Intentional Self-Harm Codes
 - This block is quite extensive in the Tabular Index
 - Suicide attempts will be coded here
 - Can be coded up to 7 digits, so be careful
 - Initial, subsequent or sequela: clinical documentation implication
- Y90's: Blood Alcohol Section
 - Coding note: "Code first" Alcohol Related Disorder (F10.....)

BREAK TIME

Up Next:

HBR II Top Diagnoses

Documentation Requirements

YOUR DIAGNOSES AND SPECIFIC DOCUMENTATION REQUIREMENTS

Prepared exclusively for: Fairfax County and Health Planning Region II Community Service Boards

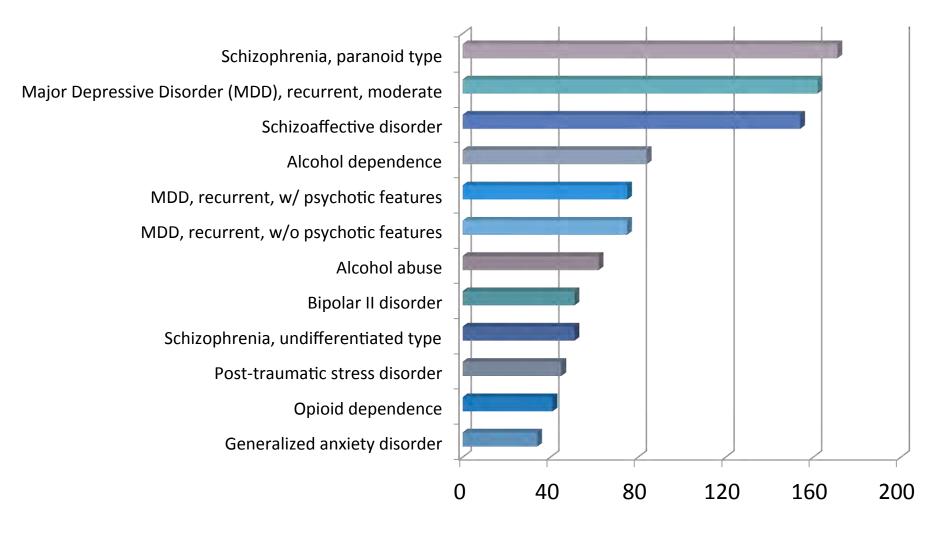
By:

Behavioral Health Solutions, P.A. Lisette Wright, M.A., Licensed Psychologist Executive Director May 4-8, 2015

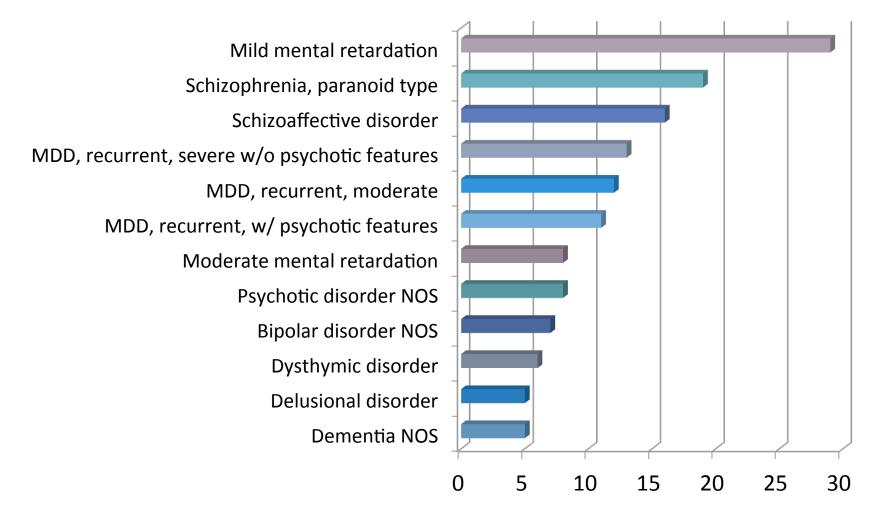
Top 10 Diagnoses: Snapshot Comparisons

Arlington CSB	Alexandria CSB	Four County CSBs
Schizophrenia, paranoid type	Episodic mood disorders (Unspecified mood [affective] disorder)	Alcohol abuse / dependence
Major Depressive Disorder (MDD), recurrent, moderate	Personality disorders	Cannabis abuse / dependence
Schizoaffective disorder	Schizophrenic disorders	Opioid abuse / dependence
Alcohol dependence	Drug dependence	Polysubstance dependence (Other psychoactive substances)
MDD, recurrent, w/o psychotic features	Depressive disorder NEC (MDD, single episode, unspecified)	Depressive disorder NOS (MDD, single episode, unspecified)
MDD, recurrent, w/ psychotic features	Mental retardation (Intellectual disabilities)	Mood disorder NOS (Unspecified mood [affective] disorder)
Alcohol abuse	Adjustment reaction (Adjustment disorders)	Bipolar I disorder (and all iterations)
Schizophrenia, undifferentiated type	Anxiety, dissociative & somatoform disorder (Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders)	Bipolar II disorder
Bipolar II disorder	Nondependent drug abuse	MDD (and all iterations)
Post-traumatic stress disorder	Alcohol dependence	Generalized anxiety disorder

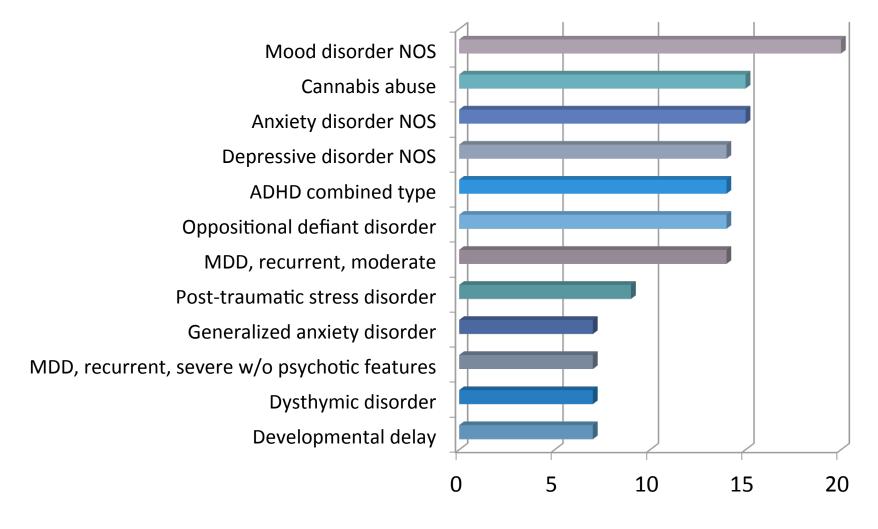
Arlington CSB: Mental Health & Substance Abuse, Combined — Primary Diagnoses, April 15, 2015



Arlington CSB: Senior Adult Mental Health — Primary Diagnoses, April 15, 2015



Arlington CSB: Child & Family Services — Primary Diagnoses, April 15, 2015



Arlington CSB: ICD-10 Crosswalk For Top Axis I & II Disorders (Primary Diagnoses)

	ICD-9 Diagnostic Code	Description	ICD-10 Conversion
1	295.3	Schizophrenia, paranoid type	F20.0
2	296.32	Major Depressive Disorder (MDD), recurrent, moderate	F33.1
3	295.7	Schizoaffective disorder	F25.0, F25.1, F25.8, F25.9 (4 codes)
4	303.9*	Alcohol dependence	F10.2* (20 codes)
5	296.33	MDD, recurrent, w/o psychotic features	F33.2
6	296.34	MDD, recurrent, w/ psychotic features	F33.3
7	305.0*	Alcohol abuse	F10.1* (13 codes)
8	295.9	Schizophrenia, undifferentiated type	F20.3
9	296.89	Bipolar II disorder	F31.81
10	309.81	Post-traumatic stress disorder	F43.1* (3 codes)

Alexandria CSB: ICD-10 Crosswalk For Top Axis I & II Disorders (Primary Diagnoses)

	ICD-9 Diagnostic Code	Description	ICD-10 Conversion
1	296.9	Episodic mood disorders (Unspecified mood [affective] disorder)	F39
2	301.*	Personality disorders	F60's (11 codes)
3	295.*	Schizophrenic disorders	F20's (8 codes)
4	304.*	Drug dependence	F10-F19 (drug specific coding)
5	311	Depressive disorder NEC (Major depressive disorder, single episode, unspecified)	F32.9
6	317-319	Mental retardation (Intellectual disabilities)	F70-F73 (acuity specific coding)
7	309.*	Adjustment reaction (Adjustment disorders)	F43.2* (7 codes)
8	300.*	Anxiety, dissociative & somatoform disorder (Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders)	F40-F48 (66 codes)
9	305.*	Nondependent drug abuse	F10-F19 (drug specific coding)
10	303.9*	Alcohol dependence	F10.2* (20 codes)

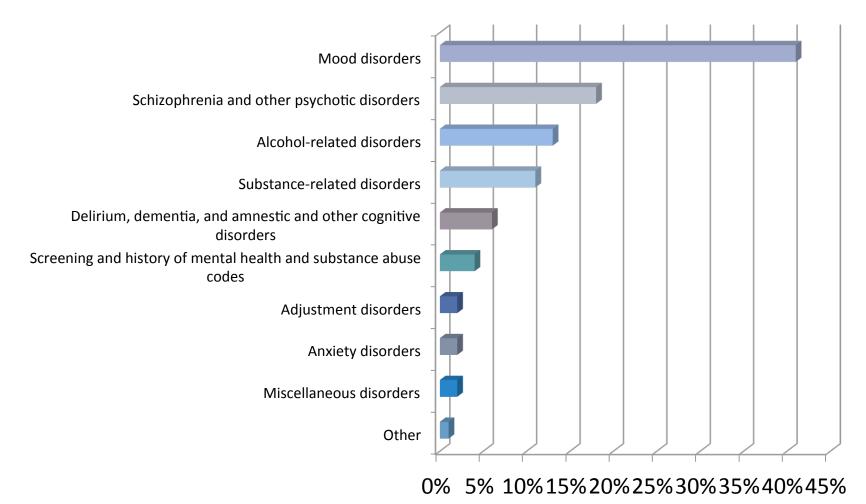
Four County CSBs: ICD-10 Crosswalk For Top Axis I Disorders (Primary Diagnoses)

	ICD-9 Code	Description	ICD-10 Conversion
1	305.0* / 303.9*	Alcohol Abuse / Dependence	F10's (47 codes)
2	305.2* / 304.3*	Cannabis Abuse / Dependence	F12's (34 codes)
3	305.5* / 304.0*	Opioid Abuse / Dependence	F11's (41 codes)
4	304.8*	Polysubstance dependence (Other psychoactive substances)	F19's (57 codes)
5	311.0	Depressive disorder NOS (Major depressive disorder, single episode, unspecified)	F32.9
6	296.9	Mood disorder NOS (Unspecified mood [affective] disorder)	F39
7	296's	Bipolar I disorder and all iterations	F31's (28 codes)
8	296.89	Bipolar II disorder	F31.81
9	311.0	Major depressive disorder and all iterations	F33's (9 codes)
10	300.0	Generalized anxiety disorder	F41.1
11	300.3	Obsessive compulsive disorder	F42
12	309.81	Post-traumatic stress disorder	F43.1* (3 codes)
13	312.3	Impulse disorder, unspecified	F63.9
14	298.9	Psychotic disorder NOS (Unspecified psychosis not due to a substance or known physiological condition)	F28, F29, F22, F23, F24 (5 codes)
15	295.7	Schizoaffective disorder	F25.0, F25.1, F25.8, F25.9 (4 codes)
16	295.3	Schizophrenia, paranoid type	F20.0
17	295.9	Schizophrenia, undifferentiated type	F20.3
18	315.2	Other specific learning difficulties (Other developmental disorders of scholastic skills)	F81.89
19	V61.20	Parent child relational problems (Parent child conflict)	Z62.82's (3 codes)
20	299.*	Autism spectrum disorders (Autistic disorder)	F84.* (6 codes)

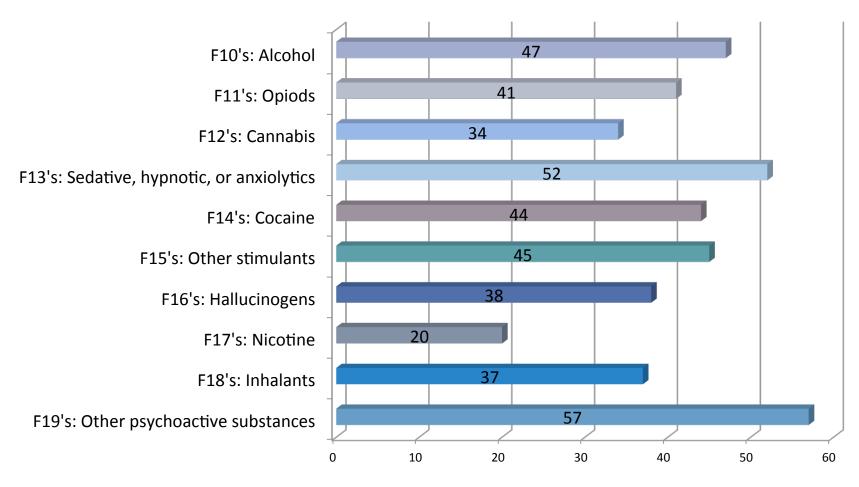
Four County CSBs: ICD-10 Crosswalk for Top Axis II Disorders (Primary Diagnoses)

	ICD-9 Diagnostic Code	Description	ICD-10 Conversion
1	318.0	Moderate mental retardation (Moderate intellectual disabilities)	F71
2	317	Mild mental retardation (Mild intellectual disabilities)	F70
3	318.1	Severe mental retardation (Severe intellectual disabilities)	F72
4	318.2	Profound mental retardation (Profound intellectual disabilities)	F73
5	301.9	Personality disorder NOS (Personality disorder, unspecified)	F60.9
6	301.83	Borderline personality disorder	F60.3
7	301.6	Dependent personality disorder	F60.7
8	301.7	Antisocial personality disorder	F60.2
9	V62.89	Borderline intellectual functioning	R41.83

Top National Behavioral Health Diagnoses: Community Hospital Discharges, 2012



ICD-10 Substance Use Codes: Number by Diagnostic Category



Tobacco, Alcohol and Substance Abuse

Identify the specific type of drug or substance: Alcohol, cigarettes, methamphetamines, opiate prescription drugs, Xanax, heroin, marijuana, crack cocaine	Document any withdrawal symptoms: Vomiting, insomnia, delirium tremens	Document any related mood disorder: Depression, anxiety, mania
 Describe the frequency of usage as: Use Abuse Dependence In remission 	Document any associated diagnoses and conditions: Diabetes Mellitus, CAD, Hepatitis C, HIV, PTSD, CKD, Hypertension	Documentany delusions, hallucinations, anxiety, sleep disorders, sexual dysfunctions, or other related conditions
Describe mode of nicotine use as cigarettes, chewing tobacco, pipe, and/or gum: F17.201 Nicotine dependence, unspecified, in remission F17.210 Nicotine dependence, unspecified, in remission F17.211 Nicotine dependence, cigarettes, in remission F17.220 Nicotine dependence, chewing tobacco, uncomplicated F17.221 Nicotine dependence, chewing tobacco, in remission F17.290 Nicotine dependence, other tobacco product, uncomplicated F17.291 Nicotine dependence, other tobacco product, in remission	List the blood alcohol level Blood Alcohol Codes: Y90.9 Blood Alcohol Level Y90.5 100-119mg/100ml Y90.6 120-199mg/100ml Y90.1 20-39mg/100ml Y90.7 200-239mg/100ml Y90.2 40-59mg/100ml Y90.3 60-79mg/100ml Y90.4 80-99mg/100ml Y90.0 Less than 20mg/100ml Y90.0 Presence in blood, level not spec.	List any treatment provided: Detoxification services Counseling Psychotherapy Medication management Pharmacotherapy
Specify intoxication/withdrawal as "Uncomplicated" or "With delirium"	State "no related complications," when applicable	Document if Counseled and provided information about Free Support Groups: Alcoholics Anonymous, Narcotics Anonymous

Tobacco Use, Abuse, Dependence: Status In Remission or History of Dependence

- Tobacco abuse/addiction 6th character subclassification
- 20 choices in ICD-10-CM for nicotine dependence
- Documentation must include:
 - Uncomplicated
 - In remission
 - With withdrawal
 - With other nicotine induced disorders
 - Cigarettes, chewing tobacco, other tobacco products, and unspecified

F17.211 Nicotine dependence, cigarettes, in remission

Use additional code to identify:

- Exposure to environmental tobacco smoke (Z77.22)
- Exposure to tobacco smoke in the perinatal period (P96.81)
- History of tobacco use (Z87.891)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0)

Alcohol Related Disorders (Abuse)

ICD-10 Code	ICD-10 Description	Documentation Requirements
F10.10 F10.120 F10.121 F10.129 F10.14	Alcohol abuse, uncomplicated Alcohol abuse with intoxication, uncomplicated Alcohol abuse with intoxication delirium Alcohol abuse with intoxication, unspecified Alcohol abuse with alcohol-induced mood disorder Alcohol abuse with alcohol-induced psychotic	 Identify type Document any withdrawal symptoms Document any related mood disorder Describe the frequency of usage Document any associated diagnoses and conditions Document any delusions, hallucinations,
F10.151 F10.159	disorder with delusions Alcohol abuse with alcohol-induced psychotic disorder with hallucinations Alcohol abuse with alcohol-induced psychotic	anxiety, sleep disorders, sexual dysfunctions, or other related conditions 7. Use additional code for blood alcohol level, if applicable (Y90)
F10.180	Alcohol abuse with alcohol-induced anxiety disorder	8. List any treatment provided 9. Specify intoxication/withdrawal as "Uncomplicated" or "With delirium"
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction	10. State "no related complications," when
F10.182	Alcohol abuse with alcohol-induced sleep disorder	applicable 11. Document if counseled and provided
F10.188 F10.19	Alcohol abuse with other alcohol-induced disorder Alcohol abuse with unspecified alcohol-induced disorder	information about free support groups

Alcohol Related Disorders (Dependence)

ICD-10 Code	ICD-10 Description	Documentation Requirements
F10.220 F10.221	Alcohol dependence with intoxication, uncomplicated Alcohol dependence with intoxication delirium	 Identify type Document any withdrawal symptoms
F10.229	Alcohol dependence with intoxication, unspecified	3. Document any related mood disorder4. Describe the frequency of usage
F10.230 F10.231	Alcohol dependence with withdrawal, uncomplicated Alcohol dependence with withdrawal delirium	5. Document any associated diagnoses and conditions
F10.232	Alcohol dependence with withdrawal with perceptual disturbance	6. Document any delusions, hallucinations,
F10.239	Alcohol dependence with withdrawal, unspecified	anxiety, sleep disorders, sexual dysfunctions, or other related conditions
F10.24	Alcohol dependence with alcohol-induced mood disorder	7. Use additional code for blood alcohol level, if
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions	applicable (Y90) 8. List any treatment provided
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	 Specify intoxication/withdrawal as "Uncomplicated" or "With delirium"
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified	10. State "no related complications," when applicable
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder	Document if counseled and provided information about free support groups
F10.27	Alcohol dependence with alcohol-induced persisting dementia	information about free support groups
F10.280	Alcohol dependence with alcohol-induced anxiety disorder	
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction	
F10.282	Alcohol dependence with alcohol-induced sleep disorder	
F10.288	Alcohol dependence with other alcohol-induced disorder	
F10.29	Alcohol dependence with unspecified alcohol-induced disorder	

Alcohol Related Disorders (Use)

ICD-10 Code	ICD-10 Description	Documentation Requirements
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions	Identify type Document any withdrawal symptoms
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations	3. Document any related mood disorder4. Describe the frequency of usage
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified	5. Document any associated diagnoses and conditions
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder	6. Document any delusions, hallucinations, anxiety, sleep disorders, sexual
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia	dysfunctions, or other related conditions7. Use additional code for blood alcohol
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder	level, if applicable (Y90) 8. List any treatment provided 9. Specify intoxication/withdrawal as
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction	 Specify intoxication/withdrawal as "Uncomplicated" or "With delirium" State "no related complications," when
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder	applicable 11. Document if counseled and provided
F10.988	Alcohol use, unspecified with other alcohol- induced disorder	information about free support groups
F10.99	Alcohol use, unspecified with unspecified alcohol- induced disorder	

Cannabis Related Disorders (Abuse)

ICD-10 Code	ICD-10 Description	Documentation Requirements
F12.10 F12.120 F12.121 F12.122	Cannabis abuse, uncomplicated Cannabis abuse with intoxication, uncomplicated Cannabis abuse with intoxication delirium Cannabis abuse with intoxication with perceptual disturbance	 Identify type Document any withdrawal symptoms Document any related mood disorder Describe the frequency of usage Document any associated diagnoses and
F12.129 F12.150 F12.151	Cannabis abuse with intoxication, unspecified Cannabis abuse with psychotic disorder with delusions Cannabis abuse with psychotic disorder with hallucinations	conditions 6. Document any delusions, hallucinations, anxiety, sleep disorders, sexual dysfunctions, or other related conditions 7. Use additional code for blood alcohol
F12.159 F12.180	Cannabis abuse with psychotic disorder, unspecified Cannabis abuse with cannabis-induced anxiety disorder	level, if applicable (Y90) 8. List any treatment provided 9. Specify intoxication/withdrawal as "Uncomplicated" or "With delirium"
F12.188 F12.19	Cannabis abuse with other cannabis-induced disorder Cannabis abuse with unspecified cannabis-induced disorder	10. State "no related complications," when applicable11. Document if counseled and provided information about free support groups

Cannabis Related Disorders (Dependence)

ICD-10 Code	ICD-10 Description	Documentation Requirements
F12.20 F12.21	Cannabis dependence, uncomplicated Cannabis dependence, in remission Cannabis dependence with intoxication,	 Identify type Document any withdrawal symptoms Document any related mood disorder
F12.220	uncomplicated	4. Describe the frequency of usage5. Document any associated diagnoses and
F12.221	Cannabis dependence with intoxication delirium	conditions
F12.222	Cannabis dependence with intoxication with perceptual disturbance	6. Document any delusions, hallucinations, anxiety, sleep disorders, sexual
F12.229	Cannabis dependence with intoxication, unspecified	dysfunctions, or other related conditions 7. Use additional code for blood alcohol
F12.250	Cannabis dependence with psychotic disorder with delusions	level, if applicable (Y90) 8. List any treatment provided
F12.251	Cannabis dependence with psychotic disorder with hallucinations	9. Specify intoxication/withdrawal as "Uncomplicated" or "With delirium"
F12.259	Cannabis dependence with psychotic disorder, unspecified	10. State "no related complications," when applicable
F12.280	Cannabis dependence with cannabis-induced anxiety disorder	11. Document if counseled and provided information about free support groups
F12.288	Cannabis dependence with other cannabis- induced disorder	ea.e azeaeee sappore 8. oaps
F12.29	Cannabis dependence with unspecified cannabis- induced disorder	

Cannabis Related Disorders (Use)

ICD-10 Code	ICD-10 Description	Documentation Requirements
F12.90 F12.920	Cannabis use, unspecified, uncomplicated Cannabis use, unspecified with intoxication, uncomplicated	 Identify type Document any withdrawal symptoms Document any related mood disorder
F12.921	Cannabis use, unspecified with intoxication delirium	4. Describe the frequency of usage5. Document any associated diagnoses and
F12.922	Cannabis use, unspecified with intoxication with perceptual disturbance	conditions 6. Document any delusions, hallucinations,
F12.929	Cannabis use, unspecified with intoxication, unspecified	dysfunctions, or other related conditions
F12.950	Cannabis use, unspecified with psychotic disorder with delusions	7. Use additional code for blood alcohol level, if applicable (Y90)
F12.951	Cannabis use, unspecified with psychotic disorder with hallucinations	 List any treatment provided Specify intoxication/withdrawal as
F12.959	Cannabis use, unspecified with psychotic disorder, unspecified	"Uncomplicated" or "With delirium" 10. State "no related complications," when applicable
F12.980	Cannabis use, unspecified with anxiety disorder	11. Document if counseled and provided
F12.988	Cannabis use, unspecified with other cannabis- induced disorder	information about free support groups
F12.99	Cannabis use, unspecified with unspecified cannabis-induced disorder	

Opioid Related Disorders (Abuse)

ICD-10 Code	ICD-10 Description	Documentation Requirements
F11.10	Opioid abuse, uncomplicated	1. Identify type
F11.120	Opioid abuse with intoxication, uncomplicated	2. Document any withdrawal symptoms
F11.121	Opioid abuse with intoxication delirium	3. Document any related mood disorder
F11.122	Opioid abuse with intoxication with perceptual disturbance	4. Describe the frequency of usage5. Document any associated diagnoses and
F11.129	Opioid abuse with intoxication, unspecified	conditions
F11.14	Opioid abuse with opioid-induced mood disorder	6. Document any delusions, hallucinations,
F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions	anxiety, sleep disorders, sexual dysfunctions, or other related conditions 7. Use additional code for blood alcohol
F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations	level, if applicable (Y90) 8. List any treatment provided
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified	9. Specify intoxication/withdrawal as "Uncomplicated" or "With delirium"
F11.181	Opioid abuse with opioid-induced sexual dysfunction	10. State "no related complications," what is applicable
F11.182	Opioid abuse with opioid-induced sleep disorder	11. Document if counseled and provided
F11.188	Opioid abuse with other opioid-induced disorder	information about free support groups
F11.19	Opioid abuse with unspecified opioid-induced disorder	

Opioid Related Disorders (Dependence)

ICD-10 Code	ICD-10 Description	Documentation Requirements
F11.20	Opioid dependence, uncomplicated	1. Identify type
F11.21	Opioid dependence, in remission	2. Document any withdrawal
F11.220	Opioid dependence with intoxication, uncomplicated	symptoms
F11.221	Opioid dependence with intoxication delirium	3. Document any related mood
F11.222	Opioid dependence with intoxication with perceptual disturbance	disorder 4. Describe the frequency of usage
F11.229	Opioid dependence with intoxication, unspecified	5. Document any associated
F11.23	Opioid dependence with withdrawal	diagnoses and conditions 6. Document any delusions.
F11.24	Opioid dependence with opioid-induced mood disorder	Document any delusions, hallucinations, anxiety, sleep
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions	disorders, sexual dysfunctions, or other related conditions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations	7. Use additional code for blood alcohol level, if applicable (Y90)
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified	8. List any treatment provided9. Specify intoxication/withdrawal as
F11.281	Opioid dependence with opioid-induced sexual dysfunction	"Uncomplicated" or "With delirium"
F11.282	Opioid dependence with opioid-induced sleep disorder	10. State "no related complications,"
F11.288	Opioid dependence with other opioid-induced disorder	when applicable 11. Document if counseled and provided information about free support groups

Opioid Related Disorders (Use)

ICD-10 Code	ICD-10 Description	Documentation Requirements
F11.90	Opioid use, unspecified, uncomplicated	 Identify type Document any withdrawal
F11.920	Opioid use, unspecified with intoxication, uncomplicated	symptoms
F11.921	Opioid use, unspecified with intoxication delirium	Document any related mood disorder
F11.922	Opioid use, unspecified with intoxication with perceptual disturbance	4. Describe the frequency of usage5. Document any associated diagnoses
F11.929	Opioid use, unspecified with intoxication, unspecified	and conditions
F11.93	Opioid use, unspecified with withdrawal	Document any delusions, hallucinations, anxiety, sleep
F11.94	Opioid use, unspecified with opioid-induced mood disorder	disorders, sexual dysfunctions, or other related conditions 7. Use additional code for blood alcohol level, if applicable (Y90) 8. List any treatment provided 9. Specify intoxication/withdrawal as "Uncomplicated" or "With delirium" 10. State "no related complications," when applicable 11. Document if counseled and provided information about free support groups
F11.950	Opioid use, unspecified with opioid-induced psychotic disorder with delusions	
F11.951	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations	
F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified	
F11.981	Opioid use, unspecified with opioid-induced sexual dysfunction	
F11.982	Opioid use, unspecified with opioid-induced sleep disorder	
F11.988	Opioid use, unspecified with other opioid-induced disorder	
F11.99	Opioid use, unspecified with unspecified opioid-induced disorder	

Other Psychoactive Substances (includes polysubstance drug use) – Abuse

ICD-10 Code	ICD-10 Description	Documentation Requirements
F19.10 F19.120	Other psychoactive substance abuse, uncomplicated Other psychoactive substance abuse with intoxication, uncomplicated	 Identify type Document any withdrawal symptoms Document any related mood disorder
F19.121 F19.122 F19.129	Other psychoactive substance abuse with intoxication delirium Other psychoactive substance abuse with intoxication with perceptual disturbances Other psychoactive substance abuse with intoxication, unspecified	 Describe the frequency of usage Document any associated diagnoses and conditions Document any delusions, hallucinations, anxiety, sleep disorders, sexual dysfunctions, or other related
F19.14	Other psychoactive substance abuse with intoxication, unspecified other psychoactive substance abuse with psychoactive substance-induced mood disorder Other psychoactive substance abuse with psychoactive substance-	conditions 7. Use additional code for blood alcohol level, if applicable (Y90) 8. List any treatment provided
F19.150 F19.151	induced psychotic disorder with delusions Other psychoactive substance abuse with psychoactive substance- induced psychotic disorder with hallucinations	9. Specify intoxication/withdrawal as "Uncomplicated" or "With delirium" 10. State "no related complications," when applicable
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified	11. Document if counseled and provided information about free support groups
F19.16 F19.17	Other psychoactive substance abuse with psychoactive substance- induced persisting amnestic disorder Other psychoactive substance abuse with psychoactive substance-	
F19.180	induced persisting dementia Other psychoactive substance abuse with psychoactive substance- induced anxiety disorder	
F19.181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction	
F19.182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder	
F19.188	Other psychoactive substance abuse with other psychoactive substance-induced disorder	
F19.19	Other psychoactive substance abuse with unspecified psychoactive substance-induceddisorder	

Other Psychoactive Substances (includes polysubstance drug use) – Dependence

ICD-10	ICD-10 Description	Documentation
Code		Requirements
F19.20	Other psychoactive substance dependence, uncomplicated	1. Identify type
F19.21	Other psychoactive substance dependence, in remission	 Document any withdrawal symptoms Document any related mood disorder
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated	4. Describe the frequency of usage
F19.221	Other psychoactive substance dependence with intoxication delirium	5. Document any associated diagnoses
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance	and conditions
F19.229	Other psychoactive substance dependence with intoxication, unspecified	6. Document any delusions,
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated	hallucinations, anxiety, sleep disorders, sexual dysfunctions, or
F19.231	Other psychoactive substance dependence with withdrawal delirium	other related conditions
F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance	7. Use additional code for blood alcohol
F19.239	Other psychoactive substance dependence with withdrawal, unspecified	level, if applicable (Y90) 8. List any treatment provided 9. Specify intoxication/withdrawal as
F19.24	Other psychoactive substance dependence with psychoactive substance-induced mooddisorder	
F19.250	Other psychoactive substance dependence with psychoactive substance-inducedpsychotic disorder with delusions	"Uncomplicated" or "With delirium" 10. State "no related complications,"
F19.251	Other psychoactive substance dependence with psychoactive substance-inducedpsychotic disorder with hallucinations	when applicable 11. Document if counseled and provided
F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified	information about free support groups
F19.26	Other psychoactive substance dependence with psychoactive substance-induced persistingamnestic disorder	
F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia	
F19.280	Other psychoactive substance dependence with psychoactive substance-inducedanxiety disorder	
F19.281	Other psychoactive substance dependence with psychoactive substance-inducedsexual dysfunction	
F19.282	Other psychoactive substance dependence with psychoactive substance-inducedsleep disorder	
F19.288	Other psychoactive substance dependence with other psychoactive substance-induced disorder	
F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder	

Major Depression Single Episode

ICD-10 Code	ICD-10 Description	Documentation Requirements
F32.0	Major depressive disorder, single episode, mild	 Type (Major depressive disorder)
F32.1	Major depressive disorder, single episode, moderate	2. Episode: single episode,
F32.2	Major depressive disorder, single episode, severe without psychotic features	recurrent, 3. Severity: mild, moderate,
F32.3	Major depressive disorder, single episode, severe with psychotic features	severe 4. Psychotic features/
F32.4	Major depressive disorder, single episode, in partial remission	symptoms: with/without 5. Remission: partial, full,
F32.5	Major depressive disorder, single episode, in full remission	unspecified
F32.8	Other depressive episodes	
F32.9	Major depressive disorder, single episode, unspecified	

Persistent Mood [Affective] Disorders

ICD-10 Code	ICD-10 Description	Documentation Requirements
F34.0	Cyclothymic disorder	 Type: Cyclothymic, Dysthymic, Other and unspecified persistent
F34.1	Dysthymic disorder	mood disorders, Unspecified mood disorder
F34.8	Other persistent mood [affective] disorders	
F34.9	Persistent mood [affective] disorder, unspecified	
F39	Unspecified mood [affective] disorder	

ICD-10 Code	ICD-10 Description	Documentation Requirements
F31.0	Bipolar disorder, current episode hypomanic	 Type: Hypomanic, Manic, Depressed, Mixed, Bipolar II
F31.10	Bipolar disorder, current episode manic without psychotic	disorder, Other, Unspecified
	features, unspecified	2. Psychotic features: with,
F31.11	Bipolar disorder, current episode manic without psychotic	without
	features, mild	3. Severity: Mild, moderate,
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate	severe 4. Current episode or in
F31.13	Bipolar disorder, current episode manic without psychotic	remission
	features, severe	5. If in remission: in partial or
F31.2	Bipolar disorder, current episode manic severe with psychotic features	full remission

ICD-10 Code	ICD-10 Description	Documentation Requirements
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified	 Type: Hypomanic, Manic, Depressed, Mixed, Bipolar II disorder, Other, Unspecified
F31.31	Bipolar disorder, current episode depressed, mild	2. Psychotic features: with,
F31.32	Bipolar disorder, current episode depressed, moderate	without
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features	3. Severity: Mild, moderate, severe
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	4. Current episode or in remission
	•	5. If in remission: in partial or full remission

ICD-10 Code	ICD-10 Description	Documentation Requirements
F31.60	Bipolar disorder, current episode mixed, unspecified	 Type: Hypomanic, Manic, Depressed, Mixed, Bipolar II
F31.61	Bipolar disorder, current episode mixed, mild	disorder, Other, Unspecified
F31.62	Bipolar disorder, current episode mixed, moderate	Psychotic features: with, without
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features	
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	4. Current episode or in remission
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified	5. If in remission: in partial or full remission

ICD-10 Code	ICD-10 Description	Documentation Requirements
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic	 Type: Hypomanic, Manic, Depressed, Mixed, Bipolar II disorder, Other, Unspecified
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic	2. Psychotic features: with,
F31.73	Bipolar disorder, in partial remission, most recent episode manic	without 3. Severity: Mild, moderate,
F31.74	Bipolar disorder, in full remission, most recent episode manic	severe
F31.75	Bipolar disorder, in partial remission, most recent episode depressed	4. Current episode or in remission
F31.76	Bipolar disorder, in full remission, most recent episode depressed	5. If in remission: in partial or full remission
F31.77	Bipolar disorder, in partial remission, most recent episode mixed	
F31.78	Bipolar disorder, in full remission, most recent episode mixed	

ICD-10 Code	ICD-10 Description	Documentation Requirements
F31.81	Bipolar II disorder	 Type: Hypomanic, Manic, Depressed, Mixed, Bipolar II disorder, Other,
F31.89	Other bipolar disorder	2. Psychotic features: with,
		without 3. Severity: Mild, moderate, severe
F31.9	Bipolar disorder, unspecified	4. Current episode or in
		remission
		5. If in remission: in partial or full remission

Major Depression Recurrent Episodes

ICD-10 Code	ICD-10 Description	Documentation Requirements
F33.0	Major depressive disorder, recurrent, mild	 Type (Major depressive disorder)
F33.1	Major depressive disorder, recurrent, moderate	2. Episode: single episode,
F33.2	Major depressive disorder, recurrent, severe without	recurrent, 3. Severity: mild, moderate,
F33.3	psychotic features Major depressive disorder, recurrent, severe with psychotic	severe
F33.40	features Major depressive disorder, recurrent, in remission, unspecified	4. Psychotic features/symptoms: with/without5. Remission: partial, full,
F33.41	Major depressive disorder, recurrent, in partial remission	unspecified
F33.42	Major depressive disorder, recurrent, in full remission	
F33.8	Other recurrent depressive disorders	
F33.9	Major depressive disorder, recurrent, unspecified	

Generalized Anxiety Disorder

ICD-10 Code	ICD-10 Description	Documentation Requirements
	Generalized anxiety disorder	Type: Anxiety neurosis; Anxiety reaction; Anxiety state; Overanxious disorder

Obsessive-compulsive Disorder

ICD-10 Code	ICD-10 Description	Documentation Requirements
F42	Obsessive- compulsive disorder	1. Type: Anancastic neurosis; Obsessive-compulsive neurosis

Post-traumatic Stress Disorder

ICD-10 Code	ICD-10 Description	Documentation Requirements
F43.10	Post-traumatic stress disorder (PTSD), unspecified	1. Type: Acute, chronic, unspecified
F43.11	PTSD, acute	
F43.12	PTSD, chronic	

Impulse Disorders

ICD-10 Code	ICD-10 Description	Documentation Requirements
F63.0	Pathological gambling	 Type (e.g., pathological gambling, pyromania,
F63.1	Pyromania	kleptomania, intermittent explosive disorder, etc.).
F63.2	Kleptomania	
F63.3	Trichotillomania	
F63.81	Intermittent explosive disorders	
F63.89	Other impulse disorders	
F63.9	Impulse disorder, unspecified	

Psychotic Disorders

ICD-10 Code	ICD-10 Description	Documentation Requirements
F28	Other psychotic disorder not due to a substance or known physiological condition	 Type: Schizophrenia: Paranoid, Disorganized, Catatonic, Undifferentiated, Residual, Other, Unspecified, Schizotypal disorder,
F29	Unspecified psychosis not due to a substance or known physiological condition	Schizoaffective disorder: bipolar type, depressive type, other, unspecified, Post-schizophrenic depression,
F22	Delusional disorders	Schizoid disorder of childhood, Delusional disorders, Brief psychotic disorder, Shared psychotic disorder
F23	Brief psychotic disorder	

Schizoaffective Disorder

ICD-10 Code	ICD-10 Description	Documentation Requirements
F25.0	Schizoaffective disorder, bipolar type	 Type: Schizophrenia: Paranoid, Disorganized, Catatonic, Undifferentiated, Residual, Other,
F25.1	Schizoaffective disorder, depressive type	Unspecified, Schizotypal disorder, Schizoaffective disorder: bipolar type, depressive type, other,
F25.8	Other schizoaffective disorders	unspecified, Post- schizophrenic depression, Schizoid disorder of childhood, Delusional
F25.9	Schizoaffective disorder, unspecified	disorders, Brief psychotic disorder, Shared psychotic disorder

Schizophrenia

ICD-10 Code	ICD-10 Description	Documentation Requirements
F20.0	Paranoid schizophrenia	 Type: Schizophrenia: Paranoid, Disorganized, Catatonic,
F20.1	Disorganized schizophrenia	Undifferentiated, Residual, Other, Unspecified, Schizotypal disorder,
F20.2	Catatonic schizophrenia	Schizoaffective disorder: bipolar type, depressive type, other,
F20.3	Undifferentiated schizophrenia	unspecified, Post-schizophrenic depression, Schizoid disorder of
F20.5	Residual schizophrenia	childhood, Delusional disorders, Brief disorder, Shared psychotic
F20.81	Schizophreniform disorder	disorder
F20.89	Other schizophrenia	
F20.9	Schizophrenia, unspecified	

Other Developmental Disorders Of Scholastic Skills

ICD-10 Code	ICD-10 Description	Documentation Requirements
F81.81	Disorder of written expression	 Type: Specific spelling disorder; Knowledge acquisition disability NOS; Learning disability NOS; Learning disorder NOS, unspecified
F81.89	Other developmental disorders of scholastic skills	

Parent Child Conflict

ICD-10 Code	ICD-10 Description	Documentation Requirements
Z62.820	Parent-biological child conflict	Z62.820-Z62.822 are considered unacceptable as principal diagnoses as they describe a circumstance which influences an individual's
Z62.821	Parent-adopted child conflict	health status but not a current illness or injury, or the diagnosis may not be a specific manifestation but may be due to an underlying
Z62.822	Parent-foster child conflict	cause 2. Z62.820-Z62.822 are grouped with Diagnostic Related Group (MS-DF v30.0): 951 Other factors influence health status

Autistic Disorder

ICD-10 Code	ICD-10 Description	Documentation Requirements
F84.0	Autistic disorder	 Type: Infantile autism, Infantile psychosis, Kanner's syndrome Identify associated medical condition and intellectual disabilities, if applicable

Intellectual Disabilities

ICD-10 Code	ICD-10 Description	Documentation Requirements
F70	Mild intellectual disabilities	1. Type: Mild, Moderate, Severe, Profound, Other intellectual disabilities, Unspecified
F71	Moderate intellectual disabilities	intellectual disabilities 2. Code first any associated physical or
F72	Severe intellectual disabilities	developmental disorders
F73	Profound intellectual disabilities	
F78	Other intellectual disabilities	
F79	Unspecified intellectual disabilities	

Borderline Intellectual Functioning

ICD-10 Code	ICD-10 Description	Documentation Requirements
R41.83	Borderline intellectual functioning	 R41.83 is considered unacceptable as principal diagnosis as it describes a circumstance which influences an individual's health status but not a current illness or injury, or the diagnosis may not be a specific manifestation but may be due to an underlying cause R41.83 is grouped within Diagnostic Related Group (MS-DRG v30.0): 951 Other factors influencing health status

Specific Personality Disorders

ICD-10 Code	ICD-10 Description	Documentation Requirements
F60.0	Paranoid personality disorder	1. Type
F60.1	Schizoid personality disorder	2. Acuity 3. Etiology
F60.2	Antisocial personality disorder	4. Associated manifestations
F60.3	Borderline personality disorder	or complications
F60.4	Histrionic personality disorder	
F60.5	Obsessive-compulsive personality disorder	
F60.6	Avoidant personality disorder	
F60.7	Dependent personality disorder	
F60.81	Narcissistic personality disorder	
F60.89	Other specific personality disorder	
F60.9	Personality disorder, unspecified	

Dementia's

- Type
 - With early onset, With late onset, Other, Unspecified
- Identify
 - Delirium, if applicable, dementia with behavioral disturbance, dementia without behavioral disturbance
- Dementia NOS:

 Conduct an internal assessment of these cases that are assigned this diagnosis and determine how to manage this category moving forward

Sleep Disorders

ICD-10 Code	ICD-10 Description	Documentation Requirements
G47.0-	Insomnia	1. Type: Insomnia - unspecified, due to medical condition,
G47.1-	Hypersomnia	hypersomnia - unspecified, idiopathic with/without long sleep time, recurrent, due to medical condition
G47.2-	Circadian rhythm sleep disorders	circadian rhythm - unspecified, delayed sleep phase, advanced
G47.3-	Sleep apnea	sleep phase, irregular sleep wake, free running, jet lag, shift work, other circadian sleep disorders
G47.4-	Narcolepsy and cataplexy	sleep apnea - unspecified, primary central, high altitude
G47.5-	Parasomnia	periodic breathing, obstructive, idiopathic sleep related nonobstructive alveolar hypoventilation, congenital central
G47.6-	Sleep related movement disorders	alveolar hypoventilation, sleep related hypoventilation, central
G47.8	Other sleep disorders	sleep apnea, other sleep apnea narcolepsy and cataplexy - Narcolepsy with/without cataplexy,
G47.9	Sleep disorder, unspecified	Narcolepsy in conditions classified elsewhere with/without cataplexy parasomnia - unspecified, confusional arousals, REM sleet behavior disorder, recurrent isolated sleep paralysis, Parasomnia in conditions classified elsewhere, other parasomnia sleep related movement disorders - periodic limb, sleep related leg cramps, sleep related bruxism, other sleep related movement disorders, other sleep disorders, unspecified
		If applicable: Associated medical condition, underlying condition

Nonorganic Sleep Disorders

ICD-10 Code	ICD-10 Description	Documentation Requirements	
F51.01	Primary insomnia	• Type:	
F51.02	Adjustment insomnia	 Insomnia - primary, adjustment, 	
F51.03	Paradoxical insomnia	paradoxical, psychophysiological, due to	
F51.04	Psychophysiological insomnia	other mental disorders, other insomnia not	
F51.05	Insomnia due to other mental disorder	due to a substance or known physiological	
F51.09	Other insomnia not due to a substance or known physiological condition	 condition. Hypersomnia - primary, insufficient sleep 	
F51.11	Primary hypersomnia	syndrome, due to other mental disorder,	
F51.12	Insufficient sleep syndrome	other hypersomnia not due to a substance	
F51.13	Hypersomnia due to other mental disorder	or known physiological condition,	
F51.19	Other hypersomnia not due to a substance or known physiological condition	sleepwalking, sleep terrors, nightmare disorder, other sleep disorders not due to a	
F51.3	Sleepwalking	substance or known physiological condition,	
F51.4	Sleep terrors	sleep disorder not due to a substance or known physiological condition, unspecified	
F51.5	Nightmare disorder	 Identify associated mental disorder, if applicable 	
F51.8	Other sleep disorders not due to a substance	identity associated mental disorder, if applicable	
F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified		
F51.01	Primary insomnia		
F51.02	Adjustment insomnia		

A Word About EHR's

Will address in detail during the Organizational Readiness Training

Drop-down's are not End User friendly

Search's for diagnoses will be challenging

Forms, templates, CDS: need updating

GAF, WHODAS, Axis: everything is changing, mixed up, and all over the map

Learn the system well in advance of October 1, 2015!

Bipolar

Description: bipolar Code: *Codes w	vith an asterisk cannot be used for billing. They require a 4th or 5th digit.
Bipolar Disord, Curr Episode Mixed, Severe, W/ Psych Features	F3164
Bipolar Disord, Curr Episode Mixed, Unsp	F3160
Bipolar Disord, Curr Epsd Depress, Mild/Mod Severt, Unsp	F3130
Bipolar Disord, Curr Epsd Depress, Sev, W/O Psych Features	F314
Bipolar Disord, Curr Epsd Depress, Severe, W/ Psych Features	F315
▶ Bipolar Disord, Curr Epsd Manic W/O Psych Features, Severe	F3113
Bipolar Disord, Curr Epsd Mixed, Severe, W/O Psych Features	F3163
Bipolar Disord, Curr In Remis, Most Recent Episode Unsp	F3170
Bipolar Disord, Currly In Remiss	F317
Bipolar Disord, In Full Remis, Most Recent Episode Depress	F3176
Bipolar Disord, In Full Remis, Most Recent Episode Hypomanic	F3172
▶ Bipolar Disord, In Full Remis, Most Recent Episode Manic	F3174

Recommended Diagnostic Targets

The Goal is to have 80%-90% of all codes used be specified definitive diagnosis codes. The use of signs and symptoms when there is no definitive diagnosis is appropriate. However, if a more specific code is appropriate it should be chosen and documented in the medical record.

Congratulations!!

You survived ICD-10 Clinical Implement, Practice, Proficiency

ICD-10 Psychoactive Substance Use: Clinical Descriptions and Diagnostic Guidelines

General Diagnostic Guidelines

- Identification of the psychoactive substance used may be made on the basis of self-report data, objective analysis of specimens of urine, blood, etc, or other evidence (presence of drug samples in the patient's possession, clinical signs and symptoms, or reports from informed third parties).
- Many drug users take more than one type of drug, but the diagnosis of the disorder should be classified, whenever possible, according to the most important single substance (or class of substances) used. This may usually be done with regard to the particular drug, or type of drug, causing the presenting disorder. When in doubt, code the drug or type of drug most frequently misused, particularly in those cases involving continuous or daily use.
 - Only in cases in which patterns of psychoactive substance taking are chaotic and indiscriminate, or in which the contributions of different drugs are inextricably mixed, should code F19. – be used (disorders resulting from multiple drug use).
- Misuse of other than psychoactive substances, such as laxatives or aspirin, should be coded by means of F55. (abuse of non-dependence-producing substances), with a fourth character to specify the type of substance involved. Cases in which mental disorders (particularly delirium in the elderly) are due to psychoactive substances, but without the presence of one of the disorders in this block (e.g. harmful use or dependence syndrome), should be coded in F00 F09. Where a state of delirium is superimposed upon such a disorder in this block, it should be coded by means of F1x.3 or F1X.4.
- The level of alcohol involvement can be indicated by means of a supplementary code from Chapter XX of ICD-10: Y90. (evidence of alcohol involvement determined by blood alcohol content) or Y91. (evidence of alcohol involvement determined by level of intoxication).

Acute Intoxication Diagnostic Guidelines

- A transient condition following the administration of alcohol or other psychoactive substance, resulting in disturbances in level of consciousness, cognition, perception, affect or behavior, or other psychophysiological functions and responses.
- This should be a main diagnosis only in cases where intoxication occurs without more persistent alcohol- or drug-related problems being concomitantly present. Where there are such problems, precedence should be given to diagnoses of harmful use (F1x.1), dependence syndrome (F1x.2), or psychotic disorder (F1x.5).
 - Acute intoxication is usually closely related to dose levels (see ICD-10, Chapter XX). Exceptions
 to this may occur in individuals with certain underlying organic conditions (e.g. renal or hepatic
 insufficiency) in whom small doses of a substance may produce a disproportionately severe
 intoxicating effect.

Harmful Use Diagnostic Guidelines

A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of injected drugs) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol).

Diagnostic Guidelines

<u>The diagnosis requires</u> that actual damage should have been caused to the mental or physical health of the user.

- Harmful patterns of use are often criticized by others and frequently associated with adverse social consequences of various kinds. The fact that a pattern of use or a particular substance is disapproved of by another person or by the culture, or may have led to socially negative consequences such as arrest or marital arguments is not in itself evidence of harmful use.
 - Acute intoxication (see F1x.0), or "hangover" is not itself sufficient evidence of the damage to health required for coding harmful use.
 - Harmful use should not be diagnosed if dependence syndrome (F1x.2), a psychotic disorder (F1x.5), or another specific form of drug- or alcohol-related disorder is present.

Dependence Syndrome Diagnostic Guidelines

A <u>definite diagnosis</u> of dependence should usually be made only if <u>three or more of</u> <u>the following have been present together at some time during the previous year:</u>

- a) a strong desire or sense of compulsion to take the substance;
- b) difficulties in controlling substance-taking behavior in terms of its onset, termination, or levels of use;
- a physiological withdrawal state (see F1x.3 and F1x.4) when substance use has ceased or been reduced, as evidenced by: the characteristic withdrawal syndrome for the substance; or use of the same (or a closely related) substance with the intention of relieving or avoiding withdrawal symptoms;
- d) evidence of tolerance, such that increased doses of the psychoactive substances are required in order to achieve effects originally produced by lower doses (clear examples of this are found in alcohol- and opiate-dependent individuals who may take daily doses sufficient to incapacitate or kill non-tolerant users);
- e) progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects;
- f) persisting with substance use despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to periods of heavy substance use, or drug-related impairment of cognitive functioning; efforts should be made to determine that the user was actually, or could be expected to be, aware of the nature and extent of the harm.

It is an essential characteristic of the dependence syndrome that either psychoactive substance taking or a desire to take a particular substance should be present.

Withdrawal State Diagnostic Guidelines

A group of symptoms of variable clustering and severity occurring on absolute or relative
withdrawal of a substance after repeated, and usually prolonged and/or highdose,
use of that substance. Onset and course of the withdrawal state are time-limited and are related to the
type of substance and the dose being used immediately before abstinence. The withdrawal state may be
complicated by convulsions.

Diagnostic Guidelines

- Withdrawal state is one of the indicators of dependence syndrome (see F1x.2) and this latter diagnosis should also be considered.
 - Withdrawal state should be coded as the main diagnosis if it is the reason for referral and

- sufficiently severe to require medical attention in its own right.
- Physical symptoms vary according to the substance being used. Psychological disturbances (e.g. anxiety, depression, and sleep disorders) are also common features of withdrawal. Typically, the patient is likely to report that withdrawal symptoms are relieved by further substance use.
- It should be remembered that withdrawal symptoms can be induced by conditioned/learned stimuli in the absence of immediately preceding substance use. In such cases a diagnosis of withdrawal state should be made only if it is warranted in terms of severity.

Withdrawal State With Delirium Diagnostic Guidelines

Alcohol-induced delirium tremens should be coded here.

Psychotic Disorder Diagnostic Guidelines

• A psychotic disorder occurring during or immediately after drug use (usually within 48 hours) should be recorded here provided that it is not a manifestation of drug withdrawal state with delirium (see F1x.4) or of late onset. Late-onset psychotic disorders (with onset more than 2 weeks after substance use) may occur, but should be coded as F1x.75.

Amnesic Syndrome Diagnostic Guidelines

Diagnostic guidelines

- Amnesic syndrome induced by alcohol or other psychoactive substances coded here should meet the general criteria for organic amnesic syndrome (see F04). The primary requirements for this diagnosis are:
 - (a) memory impairment as shown in impairment of recent memory (learning of new material); disturbances of time sense (rearrangements of chronological sequence, telescoping of repeated events into one, etc.);
 - (b) absence of defect in immediate recall, impairment of consciousness, and of generalized cognitive impairment;
 - (c) history or objective evidence of chronic (and particularly high-dose) use of alcohol or drugs.

Residual and Late-Onset Psychotic Disorder Diagnostic Guidelines

Diagnostic Guidelines

- Onset of the disorder should be directly related to the use of alcohol or a psychoactive substance. Cases in which initial onset occurs later than episode(s) of substance use should be coded here only where clear and strong evidence is available to attribute the state to the residual effect of the substance. The disorder should represent a change from or marked exaggeration of prior and normal state of functioning.
- The disorder should persist beyond any period of time during which direct effects of the psychoactive substance might be assumed to be operative (see F1x.0, acute intoxication). Alcoholor psychoactive substance-induced dementia is not always irreversible; after an extended period of total abstinence, intellectual functions and memory may improve.
- The disorder should be carefully distinguished from withdrawal-related conditions (see F1x.3 and F1x.4).